EF-264-AH-R13-0522-53000118-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

## **COLLEGE EXEMPTION CLAIM**

This claim must be filed by 5:00 p.m., February 15.

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011

A TOWN	
Sec. Co.	

## **Shanna White** County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY				
(Make necessary corrections to the printed name and mailing address)	٦	Received by				
		(Assessor's designee)  Of(county or city)				
		on	,	·		
L		on		(date)		
If you no longer seek an exemption at this location, check here  Sign a	and retur	n this form to the	Assessor. Da	te vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER				
CORPORATE NAME OF THE COLLEGE				, ,		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
1. Owner and operator: (check applicable boxes)  Claimant is:   Owner and operator  Owner only  Operator	-		2			
and claims exemption on all		_	Personal prope	,		
2. Does the above institution qualify as a college or seminary of learning YES NO	under the	e laws of the Stat	e of California	?		
Is the institution conducted as a non-profit entity?  YES NO						
Does the institution require for regular admission the completion of a formula YES       NO	our-year l	high school cours	se or its equiva	alent?		
5. Does the institution confer upon its graduates at least one academic or p and sciences, or on a course of at least three years in professional study veterinary medicine, pharmacy, architecture, fine arts, commerce, or jo	dies, sucl	h as law, theolog				
6. Is the property for which the exemption is claimed used <b>exclusively</b> for	or the pur	poses of education	on?			
YES NO			-			
7. List all buildings and other improvements for which exemption is claime sheet if necessary. Indicate whether leased or owned. Please use a se						
BUILDING & IMPROVEMENTS PRIMARY USE		INCIDEN.	TAL USE			
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	



DATE



NAME OF PERSON MAKING CLAIM