EF-263-B-R02-0810-57000594-1 BOE-263-B (P1) REV. 02 (08-10)

## **LESSEES' EXEMPTION CLAIM**

Declaration of property information as of 12:01 a.m., January 1, 20\_\_.

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



## JOEL BUTLER YOLO COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 www.yolocounty.org

	To	receive the full exemption, this claim must
L		receive the full exemption, this claim must filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		,,
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	pnerty
The exemption claim is made for the following p		ase attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to posses	ssion and use of the property?
	rator of real or personal property owned by a pu f California that is used exclusively for communi es?	
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best or	regoing and all information hereon, including any f my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

