EF-264-AH-R13-0522-58000063-1

BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Stephen S. Duckels **Yuba County Assessor**

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

This claim must be filed by 5:00 p.m., February 15.									
CLAIMANT NAME AND	D MAILING AD	DRESS							

This claim must be filed by 5:00 p.m., Feb	oruary 15.								
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	FOR ASSESSOR'S USE ONLY								
[mane necessary corrections to the printed name	, and maining address)	Received by _	(/22022/)	or's designee)					
			(ASSESSE	or s designee)					
		Of(county or city)							
		on							
L	_			(date)					
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	urn 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 PROPERT	TY WAS FIRST USED BY CLAIMANT							
and claims exemption on all Land 2. Does the above institution qualify as a col YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO 6. Is the property for which the exemption is YES NO 7. List all buildings and other improvements in the second institution on the improvements in the second institution of the second	t entity? mission the completion of a four-yea tes at least one academic or profession or profession of studies, sure, fine arts, commerce, or journalist claimed used exclusively for the put for which exemption is claimed and	r high school cour onal degree, base ch as law, theolog m? urposes of educati	se or its equiva d on a course of gy, education, m on?	ellent? If at least two years inedicine, dentistry use of each. Attac	, engineering, h a separate				
sheet if necessary. Indicate whether lease	ed or owned. Please use a separat	e claim form for	each Assesso						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	IAL USE		O\A#\				
				LEASE	OWN				
				LEASE	OWN				

LEASE LEASE

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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM