EF-263-B-R02-0810-03000680-1 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)



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

		receive the full exemption, this claim must filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT	_ 50	med with the redector by rebrading re-
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 pr	operty.
The exemption claim is made for the following p	roperty: (if there are numerous properties, plea property and the name and address of	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement conf	fer upon the lessee the exclusive right to posses	ssion and use of the property?
Yes No Is the claimant a lessee or oper state university, or University of University of California purpose	f California that is used exclusively for communi	
Note: If requested by the assessor, the claimant	t shall provide a copy of the lease or agreement	t.
	CERTIFICATION	
	der the laws of the State of California that the fo s or documents, is true and correct to the best o	regoing and all information hereon, including any f my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF DEDOON MAKING CLASS		TITLE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

