EF-263-A-R07-0617-05000521-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



Larie Durham Calaveras County Assessor

891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

L	لـ	with the Assessor within 120 days of the commencement date of the lease.		
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 20		
CITY, COUNTY, ZIP CODE ASSESSOR'S PA			ASSESSOR'S PARCE	EL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following property.		properties, please	e attach a list that clearly	identifies the
PROPERTY TYPE PRIMARY USE IN		INCIDENTA	AL USE	
Land				
Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possess	sion and use of th	ne property.	
Yes No As used herein a qualifying ins community college, state college	stitution is one whose property q ge, state university, University of C			
Yes No The lessee institution has the control (one dollar) or any other nomination		n of acquiring the	e above property describ	ped in the lease for \$1
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme				te the lessee's affidavit
	CERTIFICATION	١		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of Califol s or documents, is true and correc			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	REXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the pro	pperty			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE		_		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT T	DATE PROPERTY PUT TO EXEMPT USE		
PI F	 ASE ATTACH A COPY OF THE LEASE AGREE	-MENT		
1 LL/	AGE ATTACITA COLL OF THE LEASE AGILE			
The following property is leased as of January etc. Attach a separate listing if necessary.	1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION			
Yes No The lessee institution has the (one dollar) or any other norm	e option at the end of the lease term of acquiring sinal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
	nder the laws of the State of California that the for nts or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAILADDRESS		DAYTIME TELEPHONE		
		1.7		

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