			Larie Durham Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us	
(Example: a person filing "2011-2012.") NAME AND N	r fiscal year 20 20 g a timely claim in January 2011 would enter WAILING ADDRESS sary corrections to the printed name and mailing address)		laimant must complete and file this form n the Assessor by February 15.	
∟ If you no longer see	ek an exemption at this location, check here 🔲 Sign a	 nd return this form to	the Assessor. Date vacated:	
NAME OF PERSON M	IAKING CLAIM		TITLE	
NAME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTIO	N			
MAILING ADDRESS O	PF INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPE	RTY (NUMBER AND STREET)		ASSESSOR'S PARCEL NUMBER	
CITY, COUNTY, ZIP CO			LEASE TERMINATION DATE	
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION			
	e of qualifying exclusive use of the property. If filing for t	he first_time, attach a	copy of the lease or agreement.	
	MUSEUM			
1. 📋 Yes 🔝 No	Is admittance to the library or museum free? If no, ple	ease explain:		
2. 🗌 *Yes 🗌 No	If a library, is there a user charge for the use of books	s, periodicals, or facilit	ies?	
	If a museum, is there a charge for viewing the museu	-		
	*If yes , and a BOE-267, <i>Claim for Welfare Exemptio</i> Office immediately. The deadline for timely filing a Cla user charge, a <i>Claim for Welfare Exemption</i> may be a the requirements for the exemption.	aim for Welfare Exem	ption is February 15 each year. Where there is a	
4. 🗌 Yes 🗌 No	No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?			
	If yes , a copy of the institution's most recent tax return Property taxes as determined by establishing a ration income will be levied.			
5. 🗌 Yes 🗌 No	Is any of the owned property used for sales or busines	ss purposes other thar	n a bookstore? If yes, please explain:	
6. 🗌 Yes 🗌 No	Is any equipment or other property at this location beir	ng leased or rented fro	om someone else?	
	If yes , list in the remarks section the name and addres the property. "Exclusive use" is not required for this ex-			
	The benefit of a property tax exemption must inure to of taxes paid by the lessor. See section 202.2 of the R	the lessee institution devenue and Taxation	; the lessee may be entitled to claim a refund Code.	
	THIS DOCUMENT IS SUBJEC	T TO PUBLIC INS	PECTION	
	EF-268-B-R11-0522-05000151			

BOE-268-B (P2) REV. 11 (05-22)

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use:
	Incidental use:
Area: (Acres or square feet)	
Buildings and Improvements	Primary use:
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction	
	Incidental use:
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)	Primary use: Incidental use:

REMARKS

Whom should we contact during normal business hours for additional information?

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	l
()		
	CERTIFICATION	N
l certify (or declare) under including any acco	penalty of perjury under the laws of the State of Cali npanying statements or documents, is true, correct,	fornia that the foregoing and all information contained herein, and complete to the best of my knowledge and belief.
NAME OF PERSON MAKING CLAIM		TITLE
SIGNATURE OF PERSON MAKING CLAIM		DATE
EF-268-B-	R11-0522-05000151	