EF-268-B-R11-0522-05000032-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

	Larie Durham		
8	Calaveras County Assessor		
EN TOTAL	891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us		

This claim is filed for fiscal year 20____ - 20___.

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

	With	the recorder by I obtain 10.				
L	لـ					
If you no longer see	ek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	e Assessor. Date vacated:				
, 3	,					
NAME OF PERSON M	AKING CLAIM	TITLE				
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)					
NAME OF INSTITUTION	DN .					
MAILING ADDDESS O	F INCTITUTION (CITY CTATE 7/D CODE)					
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)					
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER				
		NOCEOGRA I MINOLE NOMBER				
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE				
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION					
✓ Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	copy of the lease or agreement.				
LIBRARY	MUSEUM					
<u> </u>						
1. ∐ Yes ∐ No	Is admittance to the library or museum free? If no, please explain:					
2. ☐ *Yes ☐ No	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?				
		-				
3.	If a museum, is there a charge for viewing the museum contents?					
	*If yes, and a BOE-267, Claim for Welfare Exemption, has not been filed to	for the property, please contact the Assessor's				
	Office immediately. The deadline for timely filing a Claim for Welfare Exempt	tion is February 15 each year. Where there is a				
	user charge, a Claim for Welfare Exemption may be allowed if both the orga	nization and the use of the property meet all of				
	the requirements for the exemption.					
4. Yes No	Is the property, or a portion thereof, for which the exemption is claimed a book	store that generates unrelated business taxable				
	income as defined in section 512 of the Internal Revenue Code?					
	If was a conv of the institution's most recent tax return filed with the Interna	I Pavanua Sarvica must accompany this claim				
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross					
	income will be levied.					
5 □Vaa □Na	5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:					
5. Yes No	is any of the owned property used for sales of business purposes other than	a bookstore? If yes, please explain:				
6. Yes No Is any equipment or other property at this location being leased or rented from someone else?						
	If yes, list in the remarks section the name and address of the owner and the type, make, model, and serial number of					
	the property. "Exclusive use" is not required for this exemption, the lessee's $\boldsymbol{\mu}$	possession is sufficient evidence of use.				
	The benefit of a property tax exemption must inure to the lessee institution;					
	of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation C	Code.				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



PROPERTY DESCRIPTION STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBE Incidental use:		1116 168801 10 6	also claim the	exemption on the Lessors	Exemption Claim.	
Area: (Acres or square feet) Incidental use:	PROPERTY DESCRIPTION			ΓΙΟΝ	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBE	
Area: (Acres or square feet) Buildings and Improvements Bidg. No. No. of No. of No. of Type of or Name Floors Rooms Construction			ge and parcel number	Primary use:		
Bldg. No. No. of No. of Rooms Construction Incidental use: Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) REMARKS	Area: (Acres o	r square feet)			Incidental use:	
or Name Floors Rooms Construction Incidental use: □ Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) □ REMARKS ■ Whom should we contact during normal business hours for additional information? NAME ■ Incidental use: □ Primary use: Incidental use: □ Incidenta	Buildings and	mprovements			Primary use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) REMARKS Whom should we contact during normal business hours for additional information? NAME TITLE	Bldg. No. or Name					
applicable. (Attach a separate sheet if necessary.) Incidental use: Whom should we contact during normal business hours for additional information? NAME TITLE					Incidental use:	
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applicable. (Attach a separate sheet if necessary.) Incidental use: Whom should we contact during normal business hours for additional information? NAME TITLE						
Whom should we contact during normal business hours for additional information? NAME TITLE					Primary use:	
Whom should we contact during normal business hours for additional information? NAME TITLE					Incidental use:	
Whom should we contact during normal business hours for additional information? NAME TITLE	REMARKS					
NAME TITLE						
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NAME TITLE						
NAME TITLE						
NAME TITLE		Whom	should we	contact during normal	business hours for additional information?	
DAYTIME TELEPHONE EMAIL ADDRESS	NAME					

including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE

