EF-263-A-R07-0617-07000153-1 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)



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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	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 PARCEL NUMBER		
USE OF PROPERTY Check and state the The exemption claim is made for the following p	primary and incidental qualifying us roperty: (if there are numerous pro property and the name an	perties, please attach		identifies the
PROPERTY TYPE	PROPERTY TYPE PRIMARY USE INCIDENTA		AL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the les	see the exclusive right to possession	n and use of the prope	rty.	
Yes No As used herein a qualifying ins community college, state college	stitution is one whose property qual ge, state university, University of Cal			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme				e the lessee's affidavit
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California s or documents, is true and correct to			
SIGNATURE OF PERSON MAKING CLAIM			ATE	
NAME OF PERSON MAKING CLAIM		ТІ	TITLE	
EMAIL ADDRESS		0/	AYTIME 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			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.				
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		
		1.7		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

