EF-264-AH-R12-0516-08000289-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 $_$ - 20 $_$. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Jennifer Perry, Assessor County of Del Norte

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

This claim must be filed by 5:00 p.m., February 15
--

	MANT NAME AND MAILING ADDRESS to necessary corrections to the printed name	e and mailing address)						
F				FOR ASSESSOR'S USE ONLY				
				Received by _				
					(Assessor's de	signee)		
				of	(county or	city)		
L				on	(1-4-)			
NAME OF OLA	MANIT				(date)			
NAME OF CLAI	MANI							
TITLE OF CLAII	MANT				DAY	TIME TELEPHO	ONE NUMBER	
CORPORATE N	AME OF THE COLLEGE				()		
ADDRESS (Stre	eet, City, County, State, Zip Code)							
ASSESSOR'S F	PARCEL NUMBER OR LEGAL DESC	CRIPTION			DATE PROPERTY WA	AS FIRST USE	D BY CLAIMANT	
 Owner and Claimant is 	operator: (check applicable bosts:		rator only					
	exemption on all		•		Personal property			
	bove institution qualify as a co							
YES	NO	nogo or commany or roaming						
3. Is the instit	ution conducted as a non-profi	it entity?						
YES	NO							
	nstitution require for regular ad	mission the completion of a f	our-year	high school cour	se or its equivalent	?		
YES	NO	too at locat and academic ar	~~afaaaia	nal dagraa baaa	d on a course of ot la		o in liboral arts	
and scienc	stitution confer upon its gradua es, or on a course of at least th	rree years in professional stu	idies, suc	h as law, theolog				
	medicine, pharmacy, architectu	ure, fine arts, commerce, or jo	ournalism	1?				
YES	☐ NO	alabasad saad saad sabababababa	0		20			
	erty for which the exemption is	claimed used exclusively to	or the pur	poses of educati	on?			
YES	NO	facultish accounting is alsies				.f l-	.h	
	dings and other improvements essary. Indicate whether lease							
BUILD	ING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE			
						LEASE	\square OWN	
						LEASE	\square OWN	
						LEASE	\square OWN	
						LEASE	\square OWN	
						LEASE	\square OWN	
						LEASE	\square OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-08000289-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced an YES NO If YES , please		e 12:01 a.m., January 1	of last year?					
9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable incom as defined in section 512 of the Internal Revenue Code? YES NO 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.								
10. Has any of the property listed above YES NO If YES , plea	···	r than a student booksto	re?					
11. If any business is operated by some	one other than the college, attach a cop	y of the lease or other a	greement. Please explain:					
12. Is any equipment or other property being leased or rented from someone else? YES NO								
If YES , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.								
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.								
ADDITIONAL REQUIRED DOCUMENTATION								
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 								
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 								
Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)								
Whom should we contact during normal business hours for additional information?								
NAME			TITLE					
DAYTIME TELEPHONE ()	EMAIL ADDRESS							
	CERTIFICATIO	DN						
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, correct, and complete to the best of my knowledge and belief.								
SIGNATURE OF PERSON MAKING CLAIM	,	TITLE						
NAME OF PERSON MAKING CLAIM	DATE							

