EF-264-AH-R13-0522-08000040-1 BOE-264-AH (P1) REV. 13 (05-22)

## **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.	
CLAIMANT NAME AND MAILING ADDRESS	

This claim must be filed by 5:00 p.m., February 15.		F	OR ASSESSOR'S USE (	ONLY
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)			
Г	٦	Received by _	(Assessor's designee)	
		of	(county or city)	
L	لـ	on	(date)	
If you no longer seek an exemption at this loo	cation, check here  Sign and ret	urn this form to the	e Assessor. Date vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TE	ELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE			( )	
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION		DATE PROPERTY WAS FIRS	T USED BY CLAIMANT
and claims exemption on all	☐ Owner only ☐ Operator on ☐ Buildings and improvements	and/or $\square$	Personal property	
Does the above institution qualify as a coll     YES  NO	ege or seminary or learning under t	ne laws of the Sta	nte of California?	
3. Is the institution conducted as a non-profit  YES NO	entity?			
Does the institution require for regular adm     YES  NO	nission the completion of a four-yea	r high school coui	rse or its equivalent?	
5. Does the institution confer upon its graduate and sciences, or on a course of at least the veterinary medicine, pharmacy, architectur  YES  NO	ree years in professional studies, su	ich as law, theolog		
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of educat	ion?	
YES NO				
7. List all buildings and other improvements f sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE	
			□ LEA	ASE OWN
			□ LEA	ASE OWN
				ASE OWN
				ASE OWN
			□ LEA	ASE OWN
				ASE □OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM