EF-263-A-R07-0617-11000501-1 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)



Sendy Perez Assessor

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

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	with the Assessor within 120 days of the commencement date of the lease.		
ENTIFICATION OF APPLICANT	_		
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
ENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
	he primary and incidental qualifying uses of the pr g property: (if there are numerous properties, ple property and the name and address o	ase attach a list that clear	ly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No The lease confers upon the	essee the exclusive right to possession and use of	of the property.	
	institution is one whose property qualifies for the lege, state university, University of California, or no		
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 (one dollar) or any other nominal sum.			ibed in the lease for \$1
Important: A lessee's affidavit, in which the lewill result in denial of one time reporting treat	essee attests to the above statement(s) is provided ment for the exemption. A separate affidavit is requ	Failure to submit/comple uired of each lessee.	ete the lessee's affidavit
	CERTIFICATION		
	under the laws of the State of California that the fo nts or documents, is true and correct to the best o		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	<u> </u>

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		
	nder the laws of the State of California that the for nts or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAILADDRESS		DAYTIME TELEPHONE	
		1.7	

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