EF-263-B-R03-0519-11000476-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



Assessor 516 W. Sycamore St., 2nd Floor

Sendy Perez

Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

	_	
I		receive the full exemption, this claim must filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT	_ 20	med mar and redected by residually re-
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
	primary and incidental qualifying uses of the pro property: (if there are numerous properties, pleat property and the name and address of	ase attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to posses	ssion and use of the property?
	rator of real or personal property owned by a pul f California that is used exclusively for communit es?	
Yes No Does the claimant own persona	al property used at this property for public schoo	I purposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best of	regoing and all information hereon, including any f my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE ()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

