EF-263-B-R04-0522-11000034-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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Assessor 516 W. Sycamore St., 2nd Floor

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

Sendy Perez

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)

> To receive the full exemption, this claim must be filed with the Assessor by February 15.

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If you no longer seek an exemption at this locati	on, check here $\ \ \ \ \ $ Sign and return this form to t	he Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
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
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	perty.
The exemption claim is made for the following p	roperty: (if there are numerous properties, plea property and the name and address of	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?		
Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?		
Yes No Does the claimant own personal property used at this property for public school 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	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

