EF-263-A-R06-0612-13000680-1 BOE-263-A (P1) REV. 06 (06-12)

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)

940 W. Main Street Suite 115

Roy D. Buckner **Imperial County Assessor**

El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

To receive one time reporting treatment

	لـ	for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.		
NTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
NTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARC	EL NUMBER
USE OF PROPERTY Check and state the particle exemption claim is made for the following pro		properties, please a	attach a list that clearl	y identifies the
PROPERTY TYPE	PRIMARY USE	,		AL USE
Land				
☐ Buildings and Improvements				
☐ Personal Property				
Yes No The lease confers upon the lesse	ee the exclusive right to possess	sion and use of the	property.	
Yes No As used herein a qualifying instiction community college, state college				
Yes No The lessee institution has the op (one dollar) or any other nominal	tion at the end of the lease terr sum.	m of acquiring the a	above property descri	bed in the lease for \$7
Important: A lessee's affidavit, in which the lessee will result in denial of one time reporting treatment				te the lessee's affidavi
	CERTIFICATION	N		
I certify (or declare) under penalty of perjury unde accompanying statements of	r the laws of the State of Califol or documents, is true and correc			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	FOR EXECUTION BY QUALIFYING INSTITU	HIONAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	property			
FREE PUBLIC LIBRARY	☐ FREE PUBLIC LIBRARY ☐ COMMUNITY COLLEGE ☐			
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
PUBLIC SCHOOL NAME OF LESSOR	STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE ASS	SESSOR MAY REQUEST A COPY OF THE LEASE	ACREMENT		
THE ASS	SESSOR WAT REQUEST A COPT OF THE LEASE	AGREEMENT		
etc. Attach a separate listing if necessary.	uary 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	PROPERTY DESCRIPTION		
Yes No The lessee institution has (one dollar) or any other	s the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
	ry under the laws of the State of California that the for ments or documents, is true and correct to the best or			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		
LIVIALE AUDINESS		()		

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