EF-263-B-R02-0810-14000741-1 BOE-263-B (P1) REV. 02 (08-10)

## **LESSEES' EXEMPTION CLAIM**

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

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



## Thomas W. Lanshaw Inyo County Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

		receive the full exemption, this claim must
L	_ be	e filed with the Assessor by February 15.
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 The exemption claim is made for the following p	primary and incidental qualifying uses of the p roperty: (if there are numerous properties, ple property and the name and address	ease attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
	rator of real or personal property owned by a p f California that is used exclusively for commur	ublic school, community college, state college,
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreemer	nt.
	CERTIFICATION	
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the fo s or documents, is true and correct to the best of	oregoing and all information hereon, including any of 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

