EF-264-AH-R13-0522-14000045-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

Dave Stottlemyre, Assessor

County of Inyo

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.

inis ciann mast be mea by 5.00 p.m., i ca	ridary io.					
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY				
(Make necessary corrections to the printed name	e and mailing address)	Received by _				
			(Assess	or's designee)		
		of	(cou	inty or city)		
		on				
			(date)			
f you no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the	e Assessor. Da	ite vacated:		
	, <u> </u>					
NAME OF CLAIMANT						
FITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
				()		
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT	
I. Owner and operator: (check applicable bo Claimant is: ☐ Owner and operator	oxes) Owner only Derator only					
and claims exemption on all Land	☐ Buildings and improvements		Personal prope	artv		
· —				•		
2. Does the above institution qualify as a col YES NO	lege or seminary of learning under th	e laws of the Sta	ite of California	<i>!</i>		
3. Is the institution conducted as a non-profit YES NO	entity?					
4. Does the institution require for regular adr	nission the completion of a four-year	high school cour	se or its equiva	alent?		
5. Does the institution confer upon its gradual and sciences, or on a course of at least th						
veterinary medicine, pharmacy, architectu			gy, education, n	nedicine, dentisti	y, engineering	
YES NO						
6. Is the property for which the exemption is	claimed used exclusively for the pur	rposes of educat	ion?			
YES NO						
7. List all buildings and other improvements	for which exemption is claimed and s	tate the primary	and incidental i	ise of each Attac	ch a senarate	
sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	□ OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	□OWN	
				LEASE	□OWN	
					I O V V I V	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM