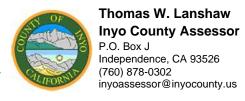
EF-268-B-R10-0514-14000698-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



This claim is filed for fiscal year 20______- - 20_____.

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

| with the Addedder By February Te. | | | the 70000001 by 1 obradily 10. |
|-----------------------------------|---|---|--|
| | | | |
| | | | |
| NIA | L ME OF PERSON M | AKING CLAIM | TITLE |
| NA | IME OF PERSON IVI | AKING CLAIM | TITLE |
| NA | ME AND ADDRESS | OF OWNER OF LAND AND BUILDINGS (if different from above) | |
| NIA | ME OF INSTITUTIO | MAI | |
| INA | IME OF INSTITUTIO | PIN | |
| MA | ILING ADDRESS O | F INSTITUTION (CITY, STATE, ZIP CODE) | |
| ΔD | DRESS OF PROPE | RTY (NUMBER AND STREET) | ASSESSOR'S PARCEL NUMBER |
| ΛD | DICEOS OF TIXOFE | NTT (NOMBERTAIND OTILET) | ASSESSOR'S FARCEL NUMBER |
| CIT | TY, COUNTY, ZIP CO | DDE | LEASE TERMINATION DATE |
| DA | YS OF THE WEEK | OPEN TO THE PUBLIC AND HOURS OF OPERATION | |
| | | | |
| V | Check the type | of qualifying exclusive use of the property. If filing for the first time, attach a c | copy of the lease or agreement. |
| | LIBRARY | MUSEUM | |
| 1. | ☐ Yes ☐ No | Is admittance to the library or museum free? If no, please explain: | |
| | | | |
| 2. | □ *Yes□ No | If a library, is there a user charge for the use of books, periodicals, or facilitie | es? |
| 3 | | If a museum, is there a charge for viewing the museum contents? | |
| ٥. | | | |
| | | *If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed Office immediately. The deadline for timely filing a Claim for Welfare Exemp | |
| | | user charge, a Claim for Welfare Exemption may be allowed if both the orga | |
| | | the requirements for the exemption. | |
| 4. | Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taken income as defined in section 512 of the Internal Revenue Code? | | |
| | | If yes, a copy of the institution's most recent tax return filed with the Interna | I Revenue Service must accompany this claim. |
| | | Property taxes as determined by establishing a ratio of the unrelated bus | |
| _ | | income will be levied. | |
| 5. | ∐ Yes ∐ No | Is any of the owned property used for sales or business purposes other than | a bookstore? If yes, please explain: |
| | | | |
| 6. | ☐ Yes ☐ No | Is any equipment or other property at this location being leased or rented from | n someone else? |
| | | If yes , list in the remarks section the name and address of the owner and the property. "Exclusive use" is not required for this exemption, the lessee's possible to the second of the owner and the property. | |
| | | The benefit of a property tax exemption must inure to the lessee institution; taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Coo | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-268-B-R10-0514-1400069

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim

| PROPERTY DESCRIPTION | | STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED | |
|---|--|--|--|
| Land: (Legal description or map book, page and parcel number from most recent tax statement) | | Primary use: Incidental use: | |
| Area: (Acres or square fee | et) | incidental use. | |
| Buildings and Improvements Bldg. No. No. of No. of Type of | | Primary use: | |
| or Name Floors | Rooms Construction | | |
| | | Incidental use: | |
| | | | |
| | | | |
| Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) | | Primary use: | |
| | | Incidental use: | |
| EMARKS | | | |
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| Who | om should we contact during normal | husings hours for additional inf | formation? |
| IAME | on should we contact during normal | business nours for additional in | TITLE |
| | | | |
| AYTIME TELEPHONE | EMAIL ADDRESS | | |
| , | CERT | IFICATION | |
| I certify (or declare) under including any accor | penalty of perjury under the laws of the S npanying statements or documents, is tru | | d all information contained herein f my knowledge and belief. |
| AME OF PERSON MAKING CLAIM | | | TITLE |
| IGNATURE OF PERSON MAKING CL | AIM | | DATE |
| LILLIAND OF TENOOR MAKING OF | | | |

