EF-268-B-R11-0522-15000052-1

BOE-268-B (P1) REV. 11 (05-22)

## FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

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

ERN COUNTY  * * *  CPI/FORMY	Laura Avila Kern County Assessor and Recorde Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485
The same of the sa	(001) 000-3403

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 recorder by I obtain 10.		
L	لـ			
If you no longer see	ek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	e Assessor. Date vacated:		
, 3	,			
NAME OF PERSON M	AKING CLAIM	TITLE		
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTION	DN .			
MAILING ADDDESS O	F INCTITUTION (CITY CTATE 7/D CODE)			
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
		NOCEOGRA I MINOLE NOMBER		
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE		
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION			
✓ 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			
<u> </u>				
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	s?		
		-		
3.	If a museum, is there a charge for viewing the museum contents?			
	*If yes, and a BOE-267, Claim for Welfare Exemption, has not been filed to	for the property, please contact the Assessor's		
	Office immediately. The deadline for timely filing a Claim for Welfare Exempt	tion is February 15 each year. Where there is a		
	user charge, a Claim for Welfare Exemption may be allowed if both the orga	nization and the use of the property meet all of		
	the requirements for the exemption.			
4. Yes No	4. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxab			
	income as defined in section 512 of the Internal Revenue Code?			
	If <b>yes</b> , a copy of the institution's most recent tax return filed with the Interna	I Pavanua Sarvica must accompany this claim		
	Property taxes as determined by establishing a ratio of the unrelated business.			
	income will be levied.			
5		- hadratana O. If was interest sometime		
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 type, make, model, and serial number of				
the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.				
The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund				
of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



-268-B-R11-0522-15000052-2					
BOE-268-B (P2) REV. 11 (05-22)					
7. List only property that is owned. Leased property may also be exem not necessary for the lessor to also claim the exemption on the Lessor	pt if listed under the remarks section below. If leased property is listed, it is rs' 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 feet)					
☐ Buildings and Improvements	Primary use:				
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction					
	Incidental use:				

Primary use:

Incidental use:

REMARI	KS
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## Whom should we contact during normal business hours for additional information?

NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
( )					
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.					
NAME OF PERSON MAKING CLAIM		TITLE			
SIGNATURE OF PERSON MAKING CLAIM		DATE			



Personal Property: Describe - include cost and acquisition dates if

applicable. (Attach a separate sheet if necessary.)