EF-264-AH-R12-0516-16000621-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

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



Kristine Lee Kings County Assessor

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name of	and mailing address)				
Γ	٦	FOR ASSESSOR'S USE ONLY			
		Received by			
			(Assesso)	r's designee)	
		of	(coun	ty or city)	
L	_	on			
			((date)	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				\ /	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	DATE PROPERTY	PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable box Claimant is:	Owner only Operator on Buildings and improvements ege or seminary of learning under the entity? Initially the completion of a four-year es at least one academic or professions at studies, sure, fine arts, commerce, or journalist claimed used exclusively for the part which exemption is claimed and	and/or and/or he laws of the Start r high school count onal degree, base ich as law, theolog m? urposes of educate state the primary	rse or its equivaled on a course of gy, education, motion?	ent? at least two year edicine, dentistry	y, engineering ch a separate
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	□ OWN
				□LFASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If YES , plea	d/or been completed on this parcel since 12:01 se explain:	a.m., January 1	of last year?		
9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.					
10. Has any of the property listed above YES NO If YES , plea	been used for business purposes other than a se explain:	student booksto	re?		
11. If any business is operated by some	one other than the college, attach a copy of the	lease or other a	greement. Please explain:		
12. Is any equipment or other property being leased or rented from someone else? YES NO					
If YES , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.					
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.					
	ADDITIONAL REQUIRED DOCUMEN	ITATION			
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 					
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 					
 Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 					
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 hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.					
SIGNATURE OF PERSON MAKING CLAIM			TITLE		
			DATE		
NAME OF PERSON MAKING CLAIM			DATE		

