EF-264-AH-R13-0522-16000208-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

**Kings County Assessor** 1400 W. Lacey Blvd.

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 $\square$  OWN

Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

**Kristine Lee** 

## This claim is filed for fiscal year 20 - 20

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

Th	is claim must be filed by 5:00 p.m., Fe	bruary 15.				
	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
			Received by			
	·	(Assessor's designee)				
			of			
		(county or city)				
	1	1	on		( )	
	L	_		(da:	te)	
If v	ou no longer seek an exemption at this l	ocation, check here  Sign and reti	urn this form to the	e Assessor. Date v	vacated:	
,	5	,				
NA	ME OF CLAIMANT					
TIT	LE OF CLAIMANT			DA (	YTIME TELEPHONE NUMBER	
CO	RPORATE NAME OF THE COLLEGE			ľ	/	
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION		DATE PROPERTY V	VAS FIRST USED BY CLAIMANT	
_						
	Owner and operator: (check applicable b					
	Claimant is:	or Owner only Operator onl	у			
	and claims exemption on all	d ☐ Buildings and improvements	and/or $\square$	Personal property		
2.	Does the above institution qualify as a co	ollege or seminary of learning under t	he laws of the Sta	ate of California?		
	YES NO					
3.	s the institution conducted as a non-prof	fit entity?				
	YES NO	,				
1	 Does the institution require for regular ac	Amission the completion of a four yea	r high school sou	ree or its equivalen	h+2	
4.	YES NO	diffission the completion of a four-year	i fligit school cou	ise or its equivaler	it!	
	Does the institution confer upon its gradua					
	and sciences, or on a course of at least t veterinary medicine, pharmacy, architect			gy, education, med	iicine, dentistry, engineering,	
	YES NO					
0				·0		
Ь.	6. Is the property for which the exemption is claimed used <b>exclusively</b> for the purposes of education?					
	YES NO					
	ist all buildings and other improvements					
	sheet if necessary. Indicate whether leas	sed or owned. <b>Please use a separat</b>	e claim form for	each Assessor's	Parcel Number.	
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	NTAL USE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM