EF-263-A-R07-0617-17000597-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 7

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

To receive one time reporting treatment

L	with the A	for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.		
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS			_	
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)			_	
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 = 20		
CITY, COUNTY, ZIP CODE ASSESSOR'S			EL NUMBER	
USE OF PROPERTY Check and state the p	orimary and incidental qualifying uses of the pr	operty.		
The exemption claim is made for the following pro	operty: (if there are numerous properties, ple property and the name and address of		y identifies the	
PROPERTY TYPE	INCIDENTAL USE			
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the lesse	ee the exclusive right to possession and use o	f the property.		
Yes No As used herein a qualifying instiction community college, state college	itution is one whose property qualifies for the e, state university, University of California, or no			
Yes No The lessee institution has the op (one dollar) or any other nominal	otion at the end of the lease term of acquiring I sum.	the above property descri	bed in the lease for \$1	
Important: A lessee's affidavit, in which the lesser will result in denial of one time reporting treatmen			te the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury unde accompanying statements o	er the laws of the State of California that the foor documents, is true and correct to the best o			
SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE	
NAME OF QUALIFYING LESS	EE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
✓ Check the type of qua	alifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		Y COLLEGE	☐ UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE			
☐ PUBLIC SCH	☐ PUBLIC SCHOOL ☐ STATE UNIV		/ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .	
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI	
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
(NEXTERNATE)					
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA	
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1	
		CERTIFIC	CATION		
	r penalty of perjury under the loompanying statements or doc			oing and all information hereon, including any y knowledge and belief.	
SIGNATURE OF PERSON MAKING	CLAIM			DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	
LIVIALEADUNESS				/	

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