EF-263-B-R04-0522-17000165-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



 \neg

Richard Ford

Lake County Courthouse 255 North Forbes Street

Lakeport, CA 95453

Fax: 707-263-3703

County Assessor-Recorder

Assessor's Office Phone: 707-263-2302

Recorder's Office Phone: 707-263-2293

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

		receive the full exemption, this claim must filed with the Assessor by February 15.
L	٦	
If you no longer seek an exemption at this locati	ion, check here $\ \square$ Sign and return this form to t	the Assessor. Date vacated:
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	operty.
The exemption claim is made for the following p	property: (if there are numerous properties, plea property and the name and address o	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to posses	ssion and use of the property?
	rator of real or personal property owned by a pu f California that is used exclusively for communit es?	
Yes No Does the claimant own person	al property used at this property for public schoo	l purposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best or	regoing and all information hereon, including any f my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

