EF-263-A-R06-0612-20000777-1 BOE-263-A (P1) REV. 06 (06-12)

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)



Brett Frazier Madera County Assessor

Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

L	_	To receive one time reporting treatment 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 PARC	EL NUMBER
PROPERTY TYPE PRIMARY USE		and address of the	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
☐ Personal Property				
Yes No The lease confers upon the less	see the exclusive right to posses	sion and use of the	property.	
Yes No As used herein a qualifying ins community college, state college	stitution is one whose property of e, state university, University of			
Yes No The lessee institution has the o		m of acquiring the a	above property descr	ibed in the lease for \$1
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme				ete the lessee's affidavit
	CERTIFICATIO	N		
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of Califo s or documents, is true and corre	rnia that the forego ct to the best of my	ing and all information knowledge and belie	n hereon, including any f.
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONI	<u> </u>

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	FOR EXECUTION BY QUALIFYING INSTITE	THORAL LEGGLE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	e property			
☐ FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
PUBLIC SCHOOL NAME OF LESSOR	STATE UNIVERSITY			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE AS	SESSOR MAY REQUEST A COPY OF THE LEASE	 EAGREEMENT		
etc. Attach a separate listing if necessary PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION		
(one dollar) or any other	as the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
accompanying state	ury under the laws of the State of California that the fo ements or 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

