EF-264-AH-R13-0522-20000171-1 BOE-264-AH (P1) REV. 13 (05-22)

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710

Brett Frazier

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Madera County Assessor

www.maderacounty.com/government/assessor

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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.")

This claim must be filed by 5:00 p.m., Feb	rijary 15				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
		Received by _			
			(Assessor	r's designee)	
		of	(coun	ty or city)	
		on			
L	(date)				
f you no longer seek an exemption at this loo	cation, check here Sign and retu	rn this form to the	Assessor. Date	e vacated:	
NAME OF CLAIMANT					
VAIVE OF CLAIMANT					
FITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER				
CORPORATE NAME OF THE COLLEGE				()	
ADDDECC (Otreat City County State 7in Code)					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
 Owner and operator: (check applicable box Claimant is:	xes) ☐ Owner only ☐ Operator only	,			
and claims exemption on all Land	☐ Buildings and improvements		Personal proper	tv	
. ————————————————————————————————————		e laws of the Sta	te of California?	,	
YES NO	, ,				
3. Is the institution conducted as a non-profit	entity?				
YES NO					
4. Does the institution require for regular adm	nission the completion of a four-year	high school cour	se or its equival	ent?	
YES NO					
5. Does the institution confer upon its graduate					
and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur			ly, education, m	edicine, dentistry	y, engineering
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educati	on?		
YES NO					
7. List all buildings and other improvements f	or which exemption is claimed and s	tate the primary a	and incidental us	se of each. Attac	ch a separate
sheet if necessary. Indicate whether lease	d or owned. Please use a separate	claim form for	each Assessor	r's Parcel Numl	ber.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	☐ OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM