EF-263-A-R06-0612-21000659-1 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)



RICHARD N. BENSON Assessor-Recorder-County Clerk

COUNTY OF MARIN EXEMPTIONS DIVISION P.O. Box C Civic Center Branch San Rafael, CA 94913 (415) 473-3794 www.marincounty.gov

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

			commencement date of the lease.			
ENTIFICATION OF APPLICANT						
LESSOR'S CORPORATE OR ORGANIZ	ATION NAME					
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
CORPORATE ID (IF ANY)						
ENTIFICATION OF PROPERTY						
ADDRESS OF PROPERTY (NUMBER AND STREET)					FISCAL YEAR OF CLAIM 20 = 20	
CITY, COUNTY, ZIP CODE ASSESSOR'S				ASSESSOR'S PARCE	EL NUMBER	
USE OF PROPERTY			properties, please	attach a list that clearly	videntifies the	
PROPERTY TYPE		PRIMARY USE		INCIDENTA	INCIDENTAL USE	
Land						
☐ Buildings and Improvement	s					
Personal Property						
Yes No The lease confers	s upon the lessee the exc	lusive right to posses	sion and use of the	e property.		
Yes No As used herein a community college	qualifying institution is ce, state college, state uni					
	ition has the option at the y other nominal sum.	end of the lease term	n of acquiring the	above property describ	ped in the lease for \$1	
Important: A lessee's affidavit, in will result in denial of one time rep					e the lessee's affidavit	
		CERTIFICATIO	N			
I certify (or declare) under penalty accompanyi	of perjury under the laws ng statements or docume					
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 QUALIFYING LESSEE INSTITUTION	. OK EXECUTION D. QUALIT TIME INC. III	
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\sqrt{}$ 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	☐ STATE UNIVERSITY	
AME OF LESSOR		
AILING ADDRESS		
ITY, STATE, ZIP CODE		
ATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE	
THE ASS	SESSOR MAY REQUEST A COPY OF THE LEASE	 EAGREEMENT
27.60		- / O. (LEMENT)
(REAL OR PERSONAL)		
Yes No The lessee institution ha (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	
	ury under the laws of the State of California that the fo ements or documents, is true and correct to the best o	
GNATURE OF PERSON MAKING CLAIM	DATE	
AME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE
		()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

