EF-263-A-R07-0617-21000205-1 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)



SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 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

L	with the Assessor within 120 days of the commencement date of the lease.				
ENTIFICATION OF APPLICANT	_				
LESSOR'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
CORPORATE ID (IF ANY)					
NTIFICATION OF PROPERTY					
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 = 20			
CITY, COUNTY, ZIP CODE ASSESS			EL NUMBER		
	e primary and incidental qualifying uses of the property: (if there are numerous properties, plead property and the name and address of	ase attach a list that clear	ly identifies the		
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE			
Land					
☐ Buildings and Improvements					
Personal Property					
Yes No The lease confers upon the le	ssee the exclusive right to possession and use o	of the property.			
	nstitution is one whose property qualifies for the ege, state university, University of California, or no				
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.					
	see attests to the above statement(s) is provided ent for the exemption. A separate affidavit is requ		ete the lessee's affidavit		
	CERTIFICATION				
	nder the laws of the State of California that the fo ts 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	<u> </u>		

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 ☐ COMMUN		COMMUNIT	Y COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM ☐ STATE CO		.EGE NONPROFIT COLLEGE			
☐ 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	
LIVIALEADUINESS				/	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

