EF-263-B-R02-0810-21000744-1 BOE-263-B (P1) REV. 02 (08-10)

LESSEES' EXEMPTION CLAIM

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

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	e the full exemption, this claim mus	
L		be filed with the Assessor by February 15.		
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 p	roperty	I .	
The exemption claim is made for the following p		ease atta	ch a list that clearly identifies the ssee)	
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 posse	ession an	nd use of the property?	
	rator of real or personal property owned by a p f California that is used exclusively for commur es?			
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreemer	nt.		
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the fo s or documents, is true and correct to the best o			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
IVAINIL OF FEROUN INMINING CLAIM			IIILE	
E-MAIL ADDRESS			DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

