EF-264-AH-R13-0522-21000206-1 BOE-264-AH (P1) REV. 13 (05-22)

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.")

ROUNTY OF MARIA
COUNTY OF MARIN
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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

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This claim must be filed by 5:00 p.m., Feb	ruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	FOR ASSESSOR'S USE ONLY				
(make necessary corrections to the printed name	and maining address)	Received by _	(Assessor's	dopignoo)	
			(Assessor s	designee)	
		of	(county	or city)	
		on			
L			(da	nte)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the	Assessor. Date	vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			D/	AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				,	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI	PIPTION		DATE PROPERTY	MAS FIRST LISE	D RV CLAIMANT
NOOLOON OT WOLL NOW BEIN ON LEGAL BEGO		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
 Owner and operator: (check applicable both Claimant is:	Owner only Operator only Buildings and improvements lege or seminary of learning under the entity? Inission the completion of a four-year less at least one academic or professional studies, sucree years in professional studies, sucre, fine arts, commerce, or journalism claimed used exclusively for the put	and/or ine laws of the State thigh school court and degree, base th as law, theolog rposes of educati	rse or its equivaled d on a course of a gy, education, med ion?	nt? t least two year dicine, dentistry	,, engineering.
sheet if necessary. Indicate whether lease	ed or owned. Please use a separate	claim form for	each Assessor's		
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM