EF-264-AH-R13-0522-21000045-1 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.")

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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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	Codding	\rightarrow
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This claim must be filed by 5:00 p.m., Feb	oruary 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing addraga)	FOR ASSESSOR'S USE ONLY				
(make necessary conections to the printed hank	e and maining address)	Received by _	(Assessor's	donignool		
			(ASSESSOI S	uesignee)		
		of	(county o	or city)		
		on				
L	_		(da	te)		
If you no longer seek an exemption at this lo	cation, check here Sign and retu	ırn this form to the	e Assessor. Date	vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT			D.A.	AYTIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			1.			
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
1. Owner and operator: (check applicable be Claimant is:	Owner only Operator only Buildings and improvements llege or seminary of learning under the tentity? The seminary of learning under the tentity?	and/or and/or	se or its equivaler d on a course of at gy, education, med	nt? : least two year		
7. List all buildings and other improvements sheet if necessary. Indicate whether lease	ed or owned. Please use a separat	e claim form for	each Assessor's			
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				□LEASE		



TITLE

DATE



NAME OF PERSON MAKING CLAIM