EF-268-B-R10-0514-23000668-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 463-4315 Fax: (707) 463-6597

This claim is filed for fiscal year 20 20						
(Example: a person filing a timely claim in January 2011 would enter						
"2011-2012.")						
NAME AND MAILING ADDRESS						
(Make necessary corrections to the printed name and mailing address)						
Γ						

A claimant must complete and file this form with the Assessor by February 15.

			with the Assessor by February 15.				
	L	لـ					
NA	ME OF PERSON M	AKING CLAIM	TITLE				
NA	ME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)					
NA	ME OF INSTITUTIO	DN .					
ΜΔ	ILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)					
IVI	ILINO ADDICEGO O	I WOTTOTION (OTT, STATE, ZII GOBE)					
AD	DRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER				
CIT	Y, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE				
DA	YS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION					
_	T Chook the two	of qualifying evaluative use of the property. If filing for the fire	at time attack a convert the loose or correspond				
V	LIBRARY	e of qualifying exclusive use of the property. If filing for the firs MUSEUM	it time, attach a copy of the lease of agreement.				
 1.		Is admittance to the library or museum free? If no, please e	xplain:				
2.	*Yes No	If a library, is there a user charge for the use of books, period	odicals, or facilities?				
3.	*Yes No	□ No If a museum, is there a charge for viewing the museum contents?					
		Office immediately. The deadline for timely filing a Claim fo	s not been filed for the property, please contact the Assessor's r Welfare Exemption is February 15 each year. Where there is a d if both the organization and the use of the property meet all of				
4.	☐ Yes ☐ No	Is the property, or a portion thereof, for which the exemption income as defined in section 512 of the Internal Revenue C	is claimed a bookstore that generates unrelated business taxable ode?				
			d with the Internal Revenue Service must accompany this claim. ne unrelated business taxable income to the bookstore's gross				
5.	☐ Yes ☐ No	Is any of the owned property used for sales or business purp	poses other than a bookstore? If yes, please explain:				
6.	Yes No	Is any equipment or other property at this location being least	sed or rented from someone else?				
		If yes , list in the remarks section the name and address of property. "Exclusive use" is not required for this exemption,	the owner and the type, make, model, and serial number of the the lessee's possession is sufficient evidence of use.				
		The benefit of a property tax exemption must inure to the letaxes paid by the lessor. See section 202.2 of the Revenue	essee institution; the lessee may be entitled to claim a refund of and Taxation Code.				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-268-B-R10-0514-2300066

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim

not necessary for	the lessor to al	so claim the ex	kemption on the Lessors	'Exemption Claim.	
PROPERTY DESCRIPTION				STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description or map book, page and parcel number from most recent tax statement)				Primary use:	
				Incidental use:	
Area: (Acres o	r square feet)				
Buildings and Improvements				Primary use:	
Bldg. No. or Name	No. of Floors	No. of Rooms	Type of Construction		
				Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)				Primary use:	
			.,,,	Incidental use:	
REMARKS				1	
	Whom	should we co	entact during normal b	ousiness hours for additional inf	
NAME					TITLE
DAYTIME TELEPHONE	Ē	EMAIL A	ADDRESS		I
I certify (or decl	are) under pen g any accompa	alty of perjury unying statemer		FICATION ate of California that the foregoing and correct, and complete to the best of	d all information contained herein, f my knowledge and belief.
NAME OF PERSON MA					TITLE
SIGNATURE OF PERS	ON MAKING CLAIM				DATE