EF-263-B-R04-0522-24000048-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

To receive the full exemption, this claim must be filed with the Assessor by February 15.

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| If you no longer seek an exemption at this locat | ion, check here 🔲 Sign and return this form to t | he Assessor. Date vacated: |
| 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 | e primary and incidental qualifying uses of the pro | pperty. |
| The exemption claim is made for the following p | property: (if there are numerous properties, plea property and the name and address of | |
| PROPERTY TYPE | PRIMARY USE | INCIDENTAL USE |
| Land | | |
| ☐ Buildings and Improvements | | |
| Personal Property | | |
| Yes No Does the lease/agreement cor | nfer upon the lessee the exclusive right to posses | sion and use of the property? |
| | erator of real or personal property owned by a pul of California that is used exclusively for communit es? | |
| Yes No Does the claimant own person | al property used at this property for public schoo | purposes? |
| Note: If requested by the assessor, the claimar | nt shall provide a copy of the lease or agreement. | |
| | CERTIFICATION | |
| | der the laws of the State of California that the for s or documents, is true and correct to the best of | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE |
| NAME OF PERSON MAKING CLAIM | | TITLE |
| E-MAIL ADDRESS | | DAYTIME TELEPHONE |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

