EF-263-A-R07-0617-25000496-1 BOE-263-A (P1) REV. 07 (06-17)	Constant of the second s	Modoc County Assessor 204 Sout Court Street, Suite 106	
QUALIFIED LESSORS' EXEMPTION CLAIR	м 🛛 👯	Alturas, CA 96101 Phone: (530) 233-6218	
PROPERTY USED FOR FREE PUBLIC LIBRA MUSEUMS AND USED EXCLUSIVELY FOR PI COMMUNITY COLLEGES, STATE COLLEGES, STA UNIVERSITY OF CALIFORNIA, AND NONPR	UBLIC SCHOOLS, ATEUNIVERSITIES,	Fax: (530) 233-6237 assessor@co.modoc.ca.us	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and r	mailing address)		
L	for the with t	ceive one time reporting treatment e exemption, this claim must be filed he Assessor within 120 days of the encement date of the lease.	
IDENTIFICATION OF APPLICANT			
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 20	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY 📝 Check and state the	primary and incidental qualifying uses of	the property.	
The exemption claim is made for the following p	roperty: (if there are numerous propertie property and the name and add		
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
Buildings and Improvements			
Personal Property			
Yes No The lease confers upon the less	see the exclusive right to possession and	use of the property.	
		or the free public library, free museum, public school, , or nonprofit college property tax exemption.	
Yes No The lessee institution has the o (one dollar) or any other nomina		uiring the above property described in the lease for \$1	
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme		ovided. Failure to submit/complete the lessee's affidavit is required of each lessee.	
	CEDTIEICATION		

Kristen DePaul

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CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM	TITLE		
EMAIL ADDRESS	DAYTIME TELEPHONE ()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
\checkmark Check the type of qualifying use of the pro	perty		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE	
PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	DATE PROPERTY PUT TO EXEMPT USE	
PLEA	ASE ATTACH A COPY OF THE LEASE AGREI	EMENT	

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	

Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.

CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
NAME OF PERSON MAKING CLAIM	TITLE		
EMAIL ADDRESS	DAYTIME TELEPHONE		
	()		
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION			

