EF-263-B-R02-0810-25000701-1 BOE-263-B (P1) REV. 02 (08-10)

LESSEES' EXEMPTION CLAIM

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Cheri Budmark Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

		o receive the full exemption, this cla	
L	_l be	e filed with the Assessor by Februa	ry 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME			
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	primary and incidental qualifying uses of the p	ronerty	
The exemption claim is made for the following p		ease attach a list that clearly identifies the)
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No Does the lease/agreement cont	fer upon the lessee the exclusive right to posse	ession and use of the property?	
	rator of real or personal property owned by a p f California that is used exclusively for commur es?		
Note: If requested by the assessor, the claimant	t shall provide a copy of the lease or agreemer	nt.	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the fo s or documents, is true and correct to the best o		iding any
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF DEDOON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		TITLE	
E-MAIL ADDRESS		DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-B-R02-0810-250007