EF-264-AH-R13-0522-25000172-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Modoc County Assessor 204 Sout Court Street, Suite 106

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Alturas, CA 96101 Phone: (530) 233-6218

Fax: (530) 233-6237 assessor@co.modoc.ca.us

Kristen DePaul

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This claim is filed for fiscal year 20 _	20
(Example: a person filing a t imely clain	n in January 201
would enter "2011-2012.")	

This claim must be filed by 5:00 p.m., Febr	uary 15.		
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY	
(Make necessary corrections to the printed name a	and mailing address)	Received by	
		(Assessor's	designee)
		of(county	
		(county	or city)
L		on(da	fo)
_	_	(ua	
If you no longer seek an exemption at this local	ation, check here 🗌 Sign and retu	rn this form to the Assessor. Date	vacated:
,			
NAME OF CLAIMANT			
		1-	
TITLE OF CLAIMANT		DA (AYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE		()
ADDRESS (Street, City, County, State, Zip Code)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRI	IPTION	DATE PROPERTY	WAS FIRST USED BY CLAIMAN
1. Owner and operator: (check applicable box	res)		
Claimant is:	☐ Owner only ☐ Operator only	/	
and claims exemption on all	☐ Buildings and improvements	and/or	
2. Does the above institution qualify as a colle	ege or seminary of learning under th	ne laws of the State of California?	
YES NO			
3. Is the institution conducted as a non-profit e	entity?		
YES NO	enuty:		
4. Does the institution require for regular adm	ission the completion of a four-year	high school course or its equivaler	nt?
YES NO			
5. Does the institution confer upon its graduate	es at least one academic or profession	onal degree, based on a course of at	least two years in liberal art
and sciences, or on a course of at least three			licine, dentistry, engineering
veterinary medicine, pharmacy, architecture	e, line arts, commerce, or journalish	111?	
YES NO			
6. Is the property for which the exemption is c	claimed used exclusively for the pu	rposes of education?	
YES NO			
7. List all buildings and other impressements for	or which evention is claimed and	state the primary and incidental was	of analy Attach a namerate
List all buildings and other improvements for sheet if necessary. Indicate whether leased			
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM