EF-263-A-R07-0617-26000225-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

To receive one time reporting treatment

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

L			for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.				
DENTIFICATION O	F APPLICANT						
LESSOR'S CORP	ORATE OR ORGANIZATION NAME						
MAILING ADDRES	SS						
CITY, STATE, ZIP	CODE						
CORPORATE ID (IF ANY)						
DENTIFICATION O	F PROPERTY						
ADDRESS OF PR	OPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM 20 - 20		
CITY, COUNTY, ZI	P CODE			ASSESSOR'S PARC			
	ERTY Check and state the claim is made for the following positions		properties, please att		y identifies the		
PROPERTY TYPE PRIMA				INCIDENTAL USE			
Land							
☐ Buildings	s and Improvements						
☐ Persona	l Property						
☐ Yes ☐ No	The lease confers upon the less	see the exclusive right to posses	sion and use of the p	roperty.			
☐ Yes ☐ No	As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.						
☐ 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.						
	ssee's affidavit, in which the less nial of one time reporting treatme				te the lessee's affidavit		
		CERTIFICATIO	N				
I certify (or deci	lare) under penalty of perjury und accompanying statements	ler the laws of the State of Califo s or documents, is true and corre					
SIGNATURE OF PER	RSON MAKING CLAIM			DATE			
NAME OF PERSON N	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 LESS	EE INSTITUTION	7011011 B1 Q0				
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
Check the type of qua	lifying use of the property					
FREE PUBLIC LIBRARY		☐ COMMUNIT	Y COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM		☐ STATE COL	LEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL		☐ STATE UNIVERSITY				
NAME OF LESSOR						
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
COMMENCEMENT DATE OF LEASE			DATE PROPERTY PUT TO EXEMPT USE			
	PI FASE AT	TACH A COPY OF	 FTHE LEASE AGREE	THE LEASE AGREEMENT		
	T ELFROL TRI	17.0117.001 1 01	THE LEMOE MORKEE	VI_IVI		
The following property is letc. Attach a separate list PROPERTY TYPE (REAL OR PERSONAL)	PE DECEDITY DESCRIPTION					
	ee institution has the option ar) or any other nominal sum		ease term of acquiring the	ne above property described in the lease for \$1		
		CERTIFIC	CATION			
	penalty of perjury under the ompanying statements or do			going and all information hereon, including any my knowledge and belief.		
SIGNATURE OF PERSON MAKING				DATE		
NAME OF PERSON MAKING CLAIR	И			TITLE		
EMAIL ADDRESS				DAYTIME TELEPHONE ()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

