EF-263-B-R03-0519-26000367-1

BOE-263-B (P1) REV. 03 (05-19)

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 [Revenue and Taxation Code section 202(a)(3)]

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: 760-932-5510 Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

L		o receive the full exemption, this claim must e filed with the Assessor by February 15.
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 The exemption claim is made for the following property.	primary and incidental qualifying uses of the property: (if there are numerous properties, plants property and the name and address	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 conf	fer upon the lessee the exclusive right to posse	ession and use of the property?
	California that is used exclusively for commur	ublic school, community college, state college, nity college, state college, state university, or
Yes No Does the claimant own personal	al property used at this property for public scho	ol purposes?
Note: If requested by the assessor, the claimant	shall provide a copy of the lease or agreemer	nt.
	CERTIFICATION	
	der the laws of the State of California that the fa s or documents, is true and correct to the best	oregoing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE