COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 _____ - 20 _____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Mono County Office of the Assessor

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

LEASE

LEASE

LEASE

OWN

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	and mailing address)				
	Г	г., Г.	F	OR ASSESSO	R'S USE ONLY	
			Received by _			
				(Assesso	or's designee)	
			of	(cour	nty or city)	
	L	L	on			
					(date)	
NA	ME OF CLAIMANT					
TIT	LE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE					
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION		DATE PROPERT	Y WAS FIRST USE) BY CLAIMANT
 2. 3. 4. 5. 6. 7. 	Owner and operator: (check applicable box Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a colle YES NO Is the institution conducted as a non-profit of YES NO Does the institution require for regular adm YES NO Does the institution confer upon its graduate and sciences, or on a course of at least three YES NO Is the property for which the exemption is compared YES NO List all buildings and other improvements for Sheet if necessary. Indicate whether leased	Owner only Operator only Buildings and improvements ege or seminary of learning under the entity? hission the completion of a four-year es at least one academic or profession ee years in professional studies, su e, fine arts, commerce, or journalist claimed used exclusively for the put or which exemption is claimed and a	and/or he laws of the Sta r high school cour onal degree, base ch as law, theolog n?	se or its equiva d on a course of gy, education, m	lent? f at least two year nedicine, dentistry	y, engineering
:	-			TAL USE		
	LOCATIONS	PRIMARY USE	INCIDEN	IAL USE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



	ed and/or been completed on this parcel since 12:01 , please explain:	a.m., January 1 of last year?					
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 							
	above been used for business purposes other than a , please explain:	student bookstore?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:							
12. Is any equipment or other property being leased or rented from someone else?							
YES NO If YES , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.							
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.							
ADDITIONAL REQUIRED DOCUMENTATION							
 Attach a separate parate parate	 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted 						
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 							
 Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 							
Whom sl	hould we contact during normal business hours	s for additional information?					
DAYTIME TELEPHONE	EMAIL ADDRESS						

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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

