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

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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)					
	Γ		ר	FC	OR ASSESSOR	S USE ONLY	,
				Received by _			
					(Assessor'	s designee)	
				of	(county	/ or city)	
	L	-	J	on			
				011	(0	late)	
NAM	IE OF CLAIMANT						
TITI	LE OF CLAIMANT					AYTIME TELEPH	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE				\ \	/	
	DRESS (Street, City, County, State, Zip Code)						
ASS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
		res)	nly				
á	and claims exemption on all 🛛 🗌 Land	Buildings and improvements		and/or	Personal propert	у	
2. [Does the above institution qualify as a colle	ege or seminary of learning under	the	e laws of the Stat	te of California?		
3. I	s the institution conducted as a non-profit of YES NO	entity?					
4. [Does the institution require for regular adm YES NO	ission the completion of a four-ye	ar I	nigh school cours	se or its equivale	ent?	
a	Does the institution confer upon its graduate and sciences, or on a course of at least three reterinary medicine, pharmacy, architecture YES NO	ee years in professional studies, s	sucl	n as law, theolog			
6. I	s the property for which the exemption is c	laimed used exclusively for the p	our	poses of education	on?		
[YES NO						
	.ist all buildings and other improvements for here till buildings and other improvements for here till buildings and other here here here here here here here						
ſ	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
							OWN
							OWN
							OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?							
YES NO If YES , please explain:							
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?							
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.							
10. Has any of the property listed above been used for business purposes other than a student bookstore?							
YES NO If YES , please explain:							
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 repted from someone else?							
12. Is any equipment or other property being leased or rented from someone else?							
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 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 should we contact during normal business hours for additional information?							
DAYTIME TELEPHONE EMAIL ADDRESS							

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

