EF-264-AH-R13-0522-26000211-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")

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

## COLUMN

## Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 935

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

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

This claim must be med by 0.00 p.m., I estuary 10.						
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY				
(and necessary corrections to the printed frame and maining address)	٦	Received by	//	(Assessor's designee)		
			(Assesso	r s designee)		
		of	(cour	nty or city)		
		on				
L	_	on		(date)		
ivey ne longer seek an exemption at this location, shock here	Cian and ration	un this forms to the A	D-4			
you no longer seek an exemption at this location, check here 🗌 S	sign and retur	II this form to the As	ssessor. Dat	.e vacated:		
IAME OF CLAIMANT						
ITLE OF CLAIMANT				DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE				( )		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		D	ATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT	
. Owner and operator: (check applicable boxes)		I				
Claimant is:	Operator only					
and claims exemption on all			rsonal prope	rtv		
		_		,		
2. Does the above institution qualify as a college or seminary of lear  YES NO	ning under th	e laws of the State (	of California'	?		
B. Is the institution conducted as a non-profit entity?						
YES NO						
. Does the institution require for regular admission the completion of	of a four-vear	high school course	or its equiva	lent?		
YES NO	. a .oa. you.		oo oquira			
5. Does the institution confer upon its graduates at least one academi	a ar professio	nal dagraa baaad a	n a course of	ot load two year	ra in libaral arta	
and sciences, or on a course of at least three years in professiona						
veterinary medicine, pharmacy, architecture, fine arts, commerce,			,		,	
YES NO						
6. Is the property for which the exemption is claimed used <b>exclusive</b>	ely for the pur	poses of education	?			
YES NO						
	determination des	tata tha andarana	l de et de et et e			
<ol><li>List all buildings and other improvements for which exemption is of sheet if necessary. Indicate whether leased or owned. Please use</li></ol>						
BUILDING & IMPROVEMENTS PRIMARY US	-	INCIDENTA				
DOIEDING & IMIT ROVEMENTO TRIMIARY OF	,_	INCIDENTA	LOGE		OWN	
				LEASE		
				LEASE	OWN	
				LEASE		
				LEASE		
				LEASE	$\square$ OWN	
				LEASE	OWN	



DATE



NAME OF PERSON MAKING CLAIM