EF-264-AH-R13-0522-26000161-1 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 timely claim in January 2011 would enter "2011-2012.")

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

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

CLAIMANT NAME AND MAILING ADDRESS		F	OR ASSESSO	R'S USE ONLY	
(Make necessary corrections to the printed name	and mailing address)				
Г	I	Received by _	(Assesso	or's designee)	
		of			
			(coul	nty or city)	
L	٦	on		(date)	
If you no longer seek an exemption at this loc	cation, check here Sign and retu	ırn this form to the	e Assessor. Da	te vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER ()			
CORPORATE NAME OF THE COLLEGE				,	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERT	TY WAS FIRST USE	D BY CLAIMANT	
and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architectur YES NO 6. Is the property for which the exemption is YES NO	Owner only Operator only Buildings and improvements lege or seminary of learning under the entity? Inission the completion of a four-year less at least one academic or professional studies, sure, fine arts, commerce, or journalist claimed used exclusively for the put	and/or ne laws of the Sta r high school cour onal degree, base ch as law, theolog n?	rse or its equivand on a course or gy, education, m	ellent? f at least two yean nedicine, dentistr	y, engineering,
 List all buildings and other improvements to sheet if necessary. Indicate whether lease 					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	□ OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN



	R13-0522-26000161-2 NH (P2) REV. 13 (05-22)	
	ny construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? ES NO If YES , please explain:	
as defi Y If YE	property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business ned in section 512 of the Internal Revenue Code? ES NO S, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim etermined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levi	ı. Property taxes
	any of the property listed above been used for business purposes other than a student bookstore? ES 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 expla	in:
If YE property property.	equipment or other property being leased or rented from someone else? ES NO S, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the erty listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the erty, provide the name and address of the owner. Denefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the code.	e property. If rea
	ADDITIONAL REQUIRED DOCUMENTATION	
•	Attach a separate page showing the requirements for admission. A current catalog showing the requirements resubstituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for 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?	
NAME	TITLE	
DAYTIME TE	ELEPHONE 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 here	
SIGNATURE	accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. OF PERSON MAKING CLAIM	•
5.514/11 OIL	IIILE	

DATE



NAME OF PERSON MAKING CLAIM