EF-264-AH-R13-0522-29000221-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION C

This claim is filed for fiscal yea (Example: a person filing a timely would enter "2011-2012.")

TY OF NA

Rolf D. Kleinhans **Nevada County Assessor**

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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ır 20 - 20 .	CALIFORNIE
y claim in January 2011	

This claim must be filed by 5:00 p.m., Feb	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			•
(make necessary conections to the printed name	and mailing address)	Received by _	(Assessor's	designes)	
			(Assessor s	designee)	
		of	(county o	or city)	
		on			
L	_		(da	ite)	
If you no longer seek an exemption at this lo	cation, check here Sign and retu	ırn this form to the	Assessor. Date	vacated:	
NAME OF CLAIMANT					
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DA	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			()	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable bo	exes)				
<u> </u>	Owner only Operator only				
and claims exemption on all	☐ Buildings and improvements		Personal property	1	
Does the above institution qualify as a col YES NO	lege or seminary of learning under tl	ne laws of the Sta	te of California?		
3. Is the institution conducted as a non-profit YES NO	t entity?				
Does the institution require for regular adr YES NO	mission the completion of a four-year	high school cour	se or its equivaler	nt?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional studies, su	ch as law, theolog			
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of educati	on?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE]	
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM