EF-264-AH-R13-0522-29000209-1 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")

CALIFORNIE

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.go

would enter "2011-2012.")		assessor@nevadacountyca.gov		
This claim must be filed by 5:00 p.m., February 15.		FOR ASSESSOR'S USE ONLY		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)				
		Received by		
		of		
			(county or city)	
L	١	on	(date)	
If you no longer seek an exemption at this location, check here $\ \square$ Sign an	ıd retur	n this form to the	Assessor. Date 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 DESCRIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMANT	
Owner and operator: (check applicable boxes)				
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator	or only			
and claims exemption on all	ents	and/or	Personal property	
2. Does the above institution qualify as a college or seminary of learning un	nder the	e laws of the Sta	te of California?	
3. Is the institution conducted as a non-profit entity? YES NO				
Does the institution require for regular admission the completion of a four YES NO	r-year	high school cour	se or its equivalent?	
5. Does the institution confer upon its graduates at least one academic or pro	ofessio	nal degree, base	d on a course of at least two years in liberal arts	

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering,

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BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

YES

DATE



NAME OF PERSON MAKING CLAIM