EF-268-B-R10-0514-29000494-1 BOE-268-B (P1) REV. 10 (05-14)

## FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

## This claim is filed for fiscal year 20\_ - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

## 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

							nimant must complete and file this fo the Assessor by February 15.	rm
NAME OF	PERSON M	AKING CLAIM					TITLE	
NAME AN	D ADDRESS	OF OWNER OF	LAND AND BUILD	INGS (if different fro	om above)			
	INSTITUTIO							
MAILING A	ADDRESS C	F INSTITUTION	(CITY, STATE, ZIP	CODE)				
ADDRESS	OF PROPE	RTY (NUMBER	AND STREET)				ASSESSOR'S PARCEL NUMBER	
CITY, COL	JNTY, ZIP C	ODE					LEASE TERMINATION DATE	
DAYS OF	THE WEEK	OPEN TO THE F	PUBLIC AND HOUR	S OF OPERATION				
Che	ck the type	of qualifying	exclusive use of	the property If t	iling for the first tir	ne attach a c	opy of the lease or agreement.	—
	IBRARY	or qualitying	MUSEUM	the property. If i	ming for the mat th	no, allacir a c	opy of the lease of agreement.	
1. 🔲 ነ	es No	Is admittand	e to the library o	or museum free?	If no, please expla	nin:		
		_		_	of books, periodica		s?	
3 *	Yes 🗌 No	If a museum	ı, is there a charç	ge for viewing the	e museum content	s?		
		Office imme user charge	diately. The dead	dline for timely fi <i>lfare Exemption</i>	ling a Claim for We	elfare Exempt	or the property, please contact the Assess ion is February 15 each year. Where there nization and the use of the property meet a	is a
4. 🗌 Y	′es □No				the exemption is cl nal Revenue Code		store that generates unrelated business taxa	able
			es as determine				Revenue Service must accompany this claness taxable income to the bookstore's grant to the bookstore's grant taxable income taxable income taxable tax	
5. N	′es □ No	Is any of the	owned property	used for sales o	r business purpose	es other than a	a bookstore? If yes, please explain:	
6. <u> </u> \	∕es □ No	Is any equip	ment or other pro	operty at this loca	ation being leased	or rented fron	n someone else?	
							e type, make, model, and serial number of ession is sufficient evidence of use.	the
					t inure to the lesse		the lessee may be entitled to claim a refun	d of

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7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPI	ERTY DESCRIPTION	Primary use:  Incidental use:		
Land: (Legal description of from most recent tax state	r map book, page and parcel number ment)			
Area: (Acres or square fee	t)			
Buildings and Improvemer	nts	Primary use:		
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction			
		Incidental use:		
Personal Property: Describ	e - include cost and acquisition dates	if Primary use:		
application () mash a copara	co direct il medeccally,	Incidental use:		
Who	m should we contact during norma	al business hours for additional information?		
V-1VI⊏		IIILE		
DAYTIME TELEPHONE	EMAIL ADDRESS	'		
. ) I certify (or declare) under princluding any accon		TIFICATION  State of California that the foregoing and all information contained herein, rue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING CLAIM		TITLE		
SIGNATURE OF PERSON MAKING CL	AIM	DATE		

