EF-263-A-R07-0617-30000413-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocassessor.gov

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

L	_ commencement date of the lease.			
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE			_	
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 - 20		
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARC	CEL NUMBER		
The exemption claim is made for the following pr	operty: (if there are numerous properties, parties, parties, property and the name and address		ly identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENT	INCIDENTAL USE	
☐ Land				
☐ Buildings and Improvements				
☐ Personal Property				
☐ Yes ☐ No The lease confers upon the less	see the exclusive right to possession and use	of the property.		
Yes No As used herein a qualifying ins community college, state colleg	titution is one whose property qualifies for the, state university, University of California, or			
Yes No The lessee institution has the o (one dollar) or any other nomina	ption at the end of the lease term of acquirinal sum.	g the above property descr	ribed in the lease for \$1	
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatment			ete the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	er the laws of the State of California that the or documents, is true and correct to the best	foregoing and all informatio tof my knowledge and belie	n hereon, including any ef.	
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHON	E	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE	
NAME OF QUALIFYING LESS	EE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
✓ Check the type of qua	alifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		Y COLLEGE	☐ UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE			
☐ PUBLIC SCH	☐ PUBLIC SCHOOL ☐ STATE UNIV		/ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .	
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI	
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
(NEXTERNATE)					
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA	
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1	
		CERTIFIC	CATION		
	r penalty of perjury under the loompanying statements or doc			oing and all information hereon, including any y knowledge and belief.	
SIGNATURE OF PERSON MAKING	CLAIM			DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	
LIVIALADDINESS				/	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

