EF-263-A-R07-0617-31000033-1 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)



## Matthew R. Maynard **Placer County Assessor**

2980 Richardson Drive

Auburn, CA 95603-2640 Phone: (530) 889-4300

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

L	لـ	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.		
ENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAM	Е			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET	·)			FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARC	EL NUMBER
USE OF PROPERTY   ✓ Check and state  The exemption claim is made for the following		properties, please at	tach a list that clear	ly identifies the
PROPERTY TYPE PRIMARY USE			INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
☐ Personal Property				
☐ Yes ☐ No The lease confers upon the☐ ☐ Yes ☐ No As used herein a qualifying community college, state community college.		qualifies for the free	public library, free n	
Yes No The lessee institution has to (one dollar) or any other no	he option at the end of the lease te minal sum.	rm of acquiring the ab	pove property descri	ibed in the lease for \$1
Important: A lessee's affidavit, in which the will result in denial of one time reporting trea				te the lessee's affidavit
	CERTIFICATIO	N		
I certify (or declare) under penalty of perjury accompanying statem	under the laws of the State of Califorents or documents, is true and corre			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	REXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the pro	pperty			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE		_		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT T	DATE PROPERTY PUT TO EXEMPT USE		
PI F	 ASE ATTACH A COPY OF THE LEASE AGREE	-MENT		
1 LL/	AGE ATTACITA COLL OF THE LEASE AGILE			
The following property is leased as of January etc. Attach a separate listing if necessary.	1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION			
Yes No The lessee institution has the (one dollar) or any other norm	e option at the end of the lease term of acquiring sinal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
	nder the laws of the State of California that the for nts or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		
		1.7		

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