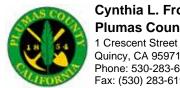
EF-263-A-R07-0617-32000331-1 BOE-263-A (P1) REV. 07 (06-17)

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)



Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment

		with the Assessor within 120 days of the			
L			commencement d		-
ENTIFICATION O	FAPPLICANT				
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME				
MAILING ADDRES	S				
CITY, STATE, ZIP (CODE				
CORPORATE ID (I	F ANY)				
ENTIFICATION O	F PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)					FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIF	CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCEL NUMBER	
The exemption	claim is made for the following pr	operty: (if there are numerous property and the name			y identifies the
PROPERTY TYPE		PRIMARY USE		INCIDENTAL USE	
Land					
Buildings	and Improvements				
Personal	Property				
☐ Yes ☐ No	The lease confers upon the less	see the exclusive right to posses	sion and use of the pro	perty.	
☐ Yes ☐ No	No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.				
☐ Yes ☐ No	The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
	ssee's affidavit, in which the lesse ial of one time reporting treatmer				te the lessee's affidavit
		CERTIFICATIO	N		
I certify (or decla	are) under penalty of perjury und accompanying statements	er the laws of the State of Califo or documents, is true and corre			
SIGNATURE OF PER	SON MAKING CLAIM		DATE		
NAME OF PERSON M	IAKING 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	FOR EXECUTION BY QUALIFYING INSTITU	TOTAL LEGGLE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the				
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ PUBLIC SCHOOL	☐ STATE COLLEGE ☐ STATE UNIVERSITY	□ NONPROFIT COLLEGE		
NAME OF LESSOR	STATE UNIVERSITY			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT TO	DATE PROPERTY PUT TO EXEMPT USE		
F		MENT		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION			
Yes No The lessee institution ha (one dollar) or any other	as the option at the end of the lease term of acquiring the nominal sum.	ne above property described in the lease for \$1		
	CERTIFICATION			
accompanying state	ury under the laws of the State of California that the fore ements 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		

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