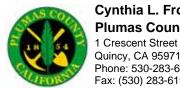
EF-263-A-R07-0617-32000028-1 BOE-263-A (P1) REV. 07 (06-17)

## **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

To receive one time reporting treatment

CindieFroggatt@countyofplumas.com

L		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 NAME				
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 PAR	CEL NUMBER
USE OF PROPERTY  Check and state the	primary and incidental qualifying ι	ises of the pro	perty.	
The exemption claim is made for the following pr	operty: (if there are numerous property and the name a			rly identifies the
PROPERTY TYPE		INCIDENTAL USE		
Land				
☐ Buildings and Improvements				
Personal Property				
☐ Yes ☐ No The lease confers upon the less	see the exclusive right to possessi	on and use of	the property.	
Yes No As used herein a qualifying ins community college, state college	titution is one whose property que, state university, University of Ca			
Yes No The lessee institution has the o (one dollar) or any other nomina		of acquiring the	he above property desc	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 Califorr or documents, is true and correct			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHON	NE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

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		COLLEGE UNIVERSITY OF CALIFORNIA				
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE				
☐ PUBLIC SCH	BLIC 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		
LIWAILADDINEGO				/		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

