IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)	163-B-R03-0519-32000277-1 BOE-263-B (P1) REV. 03 (05-19) <b>LESSEES' EXEMPTION CLAIM</b> Declaration of property information as of 12:01 a.m., January 1, 20 PROPERTY <b>USED EXCLUSIVELY FOR</b> PUBLI COLLEGES, STATE COLLEGES, STATE UNIV UNIVERSITY OF CALIFORNIA [Revenue and Taxa	ERSITIES, OR	Cynthia L. Froggatt Plumas County Assessor 1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com
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LESSEE'S CORPORATE OR ORGANIZATION NAME         MAILING ADDRESS         CITY, STATE, ZIP CODE         CORPORATE ID (IF ANY)         DENTIFICATION OF PROPERTY         ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       Check and state the primary and incidental qualifying uses of the property.         The exemption claim is made for the following property:       (if there are numerous properties, please attach a list that clearly identifie property and the name and address of the lessee)         PROPERTY TYPE       PRIMARY USE         ILand       INCIDENTAL USE         PROPERTY       PROPERTY         Yes       No         Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?         Yes       No         Does the claimant a lessee or operator of real or personal property owned by a public school, community college, state univ University of California purposes?         Yes       No         Does the claimant own personal property used at this property for public school purposes?         Note:       If requested by the assessor, the claimant shall provide a copy of the lease or agreement.         CERTIFICATION       Intervieweldge and belief.         SIGNATURE OF PERSON MAKING CLAM       Inte         MAME OF PERSON MAKING CLAM       Inte	L		be filed with the Assessor by February 15.
MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY)  DENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER V DE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (If there are numerous properties, please attach a list that clearly identified property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE INCIDENTAL USE INCIDENTAL USE INCIDENTAL USE Vers No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property? Ves No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property? Ves No Does the claimant a lessee or operator of real or personal property owned by a public school, community college, state university, or University of California that is used exclusively for community college, state college, state university of California purposes? Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that forgoing and all information hereon, accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAM ITTLE MAILADORESS	IDENTIFICATION OF APPLICANT		
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□       Buildings and Improvements         □       Personal Property         □       Yes         □       Yes         □       No         Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?         □       Yes         □       Yes         □       No         Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state university, or University of California that is used exclusively for community college, state college, state university of California purposes?         □       Yes       No       Does the claimant own personal property used at this property for public school purposes?         Note:       If requested by the assessor, the claimant shall provide a copy of the lease or agreement.         □       CERTIFICATION         I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, accompanying statements or documents, is true and correct to the best of my knowledge and belief.         SIGNATURE OF PERSON MAKING CLAIM       DATE         NAME OF PERSON MAKING CLAIM       TITLE         E-MAIL ADDRESS       DAYTIME TELEPHONE         UNIT TELEPHONE       ()	The exemption claim is made for the following prop	perty: (if there are numerous properties property and the name and addre	s, please attach a list that clearly identifies the ress of the lessee)
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