EF-264-AH-R13-0522-32000208-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20

Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

Plumas County Assessor

Cynthia L. Froggatt

1 Crescent Street Quincy, CA 95971

Phone: 530-283-6380

This claim is filed for fisca	ai year 20 2	20
(Example: a person filing a	t imely claim in Jan	nuary 201
would enter "2011-2012.")		

This claim must be filed by 5:00 p.m., February 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing addres					

FOR ASSESSOR'S USE ONLY					
Re	eceived by				
of	(county or city)				
on	(date)				

			(Assessi	or's aesignee)	
		of	(cou	nty or city)	
		on			
L	_			(date)	
f you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the	Assessor. Da	te vacated:	
NAME OF CLAIMANT					
WINE OF SELINARY					
TITLE OF CLAIMANT				DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				()	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERT	TY WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: (check applicable bo	oxes) Owner only Derator only				
Claimant is:	,		Personal prope	ertv	
2. Does the above institution qualify as a co	_ • •	_		•	
3. Is the institution conducted as a non-profi	t entity?				
YES NO	,				
4. Does the institution require for regular add	mission the completion of a four-year	high school cour	se or its equiva	alent?	
YES NO					
 Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu 	ree years in professional studies, suc	ch as law, theolog			
YES NO	no, mio arto, commerco, er journamen				
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educati	on?		
YES NO					
7. List all buildings and other improvements	for which exemption is claimed and s	tate the primary a	and incidental u	use of each. Attac	h a separate
sheet if necessary. Indicate whether lease				or's Parcel Numb	oer.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		O\A/\$.I
				LEASE	
				☐ LEASE	□ OWN
				LEASE	
				LEASE	
				□LEASE	□OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM