| EF-263-A-R07-0617-33000266-1 BOE-263-A (P1) REV. 07 (06-17) QUALIFIED LESSORS' EXEMPTION CLA PROPERTY USED FOR FREE PUBLIC LIBF MUSEUMS AND USED EXCLUSIVELY FOR I COMMUNITY COLLEGES, STATE COLLEGES, ST UNIVERSITY OF CALIFORNIA, AND NONP | ARIES AND FREE PUBLIC SCHOOLS, ATEUNIVERSITIES, | As: | ter Aldana sessor-County C nty of Riverside Box 751 erside, CA 92502-0751 ne: (951) 413-2890 v.rivcoacr.org | | |
|---|---|----------------------------------|---|----------------------------|--|
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and | d mailing address) | | | | |
| L | L | for the exempt with the Asses | e time reporting ion, this claim mu ssor within 120 d It date of the lease | ist be filed ays of the | |
| IDENTIFICATION OF APPLICANT | | | | | |
| LESSOR'S CORPORATE OR ORGANIZATION NAME | | | | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| CORPORATE ID (IF ANY) | | | | | |
| IDENTIFICATION OF PROPERTY | | | | | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | | | | FISCAL YEAR OF CLAIM | |
| CITY, COUNTY, ZIP CODE | | | ASSESSOR'S PARCE | | |
| USE OF PROPERTY Check and state the | e primary and incidental qualifyi | na uses of the propert | V | | |
| The exemption claim is made for the following | property: (if there are numerou | | ttach a list that clearly | ∕ identifies the | |
| PROPERTY TYPE | PRIMARY US | | INCIDENT | AL LISE | |
| Land | | | | - | |
| Buildings and Improvements | | | | | |
| Personal Property | | | | | |
| ☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the property. | | | | | |
| Yes 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. | | | | | |
| Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee. | | | | | |
| CERTIFICATION | | | | | |

| 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 | | | |
| EMAIL ADDRESS | DAYTIME TELEPHONE () | | | |

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

| NAME OF QUALIFYING LESSEE INSTITUTION | | | | | |
|--|--------------------------------------|--------------------------|--|--|--|
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| $\boxed{\checkmark}$ Check the type of qualifying use of the pro | perty | | | | |
| FREE PUBLIC LIBRARY | | 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 | TO EXEMPT USE | | | |
| PLEA | ASE ATTACH A COPY OF THE LEASE AGREI | EMENT | | | |

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

| PROPERTY TYPE (REAL OR PERSONAL) | PROPERTY DESCRIPTION |
|-------------------------------------|----------------------|
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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.

| CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. | | | | |
|--|-------------------|--|--|--|
| | | | | |
| | | | | |
| NAME OF PERSON MAKING CLAIM | TITLE | | | |
| | | | | |
| EMAIL ADDRESS | DAYTIME TELEPHONE | | | |
| | () | | | |
| THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION | | | | |
| | | | | |

