EF-264-AH-R13-0522-33000147-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011



## Peter Aldana **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890 www.rivcoacr.org

## would enter "2011-2012.") This claim must be filed by 5:00 p.m., February 15.

Received by	CLAIMANT NAME AND MAILING ADDRESS		F	OR ASSESSO	R'S USE ONLY	·	
f you no longer seek an exemption at this location, check here   Sign and return this form to the Assessor. Date vacated	(Make necessary corrections to the printed name and mailing address)		Received by				
f you no longer seek an exemption at this location, check here   Sign and return this form to the Assessor. Date vacated:	•	'	TROCCIVED DY	(Assess	or's designee)		
f you no longer seek an exemption at this location, check here   Sign and return this form to the Assessor. Date vacated:    NAME OF CLAIMANT			of	(coi	inty or city)		
f you no longer seek an exemption at this location, check here   Sign and return this form to the Assessor. Date vacated:    NAME OF CLAIMANT				(000)	inty of oity)		
TITLE OF CLAIMANT  CORPORATE NAME OF THE COLLEGE  ADDRESS (Street, City, County, State, Zip Code)  ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION  DATE PROPERTY WAS FIRST USED BY CLAIMANT  1. Owner and operator: (check applicable boxes) Claimant is:   Owner and operator   Owner only   Operator only and claims exemption on all   Land   Buildings and improvements   and/or   Personal property  2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?    YES   NO   3. Is the institution conducted as a non-profit entity?   YES   NO   4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?   YES   NO   Os. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?   YES   NO   NO   Is the property for which the exemption is claimed used exclusively for the purposes of education?   YES   NO   NO   Is the property for which the exemption is claimed used exclusively for the purposes of education?   YES   NO   NO   LEASE   OWN	on				(date)		
TITLE OF CLAIMANT  CORPORATE NAME OF THE COLLEGE  ADDRESS (Street, City, County, State, Zip Code)  ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION  DATE PROPERTY WAS FIRST USED BY CLAIMANT  1. Owner and operator: (check applicable boxes) Claimant is:	If you no longer seek an exemption at this loc	cation, check here   Sign and retu	ırn this form to the	e Assessor. Da	nte vacated:		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION    DATE PROPERTY WAS FIRST USED BY CLAIMANT	NAME OF CLAIMANT						
ADDRESS (Street, City, County, State, Zip Code)  ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION    DATE PROPERTY WAS FIRST USED BY CLAIMANT    Owner and operator: (check applicable boxes)	TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION    DATE PROPERTY WAS FIRST USED BY CLAIMANT	CORPORATE NAME OF THE COLLEGE		( )				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION    DATE PROPERTY WAS FIRST USED BY CLAIMANT	ADDRESS (Street, City, County, State, Zip Code)						
1. Owner and operator: (check applicable boxes)  Claimant is:	ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
Claimant is:							
2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?    YES	Claimant is:	☐ Owner only ☐ Operator onl		Demonstration			
YES   NO   NO   NO   NO   NO   NO   NO   N	•				•		
YES NO  4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?  YES NO  5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?  YES NO  6. Is the property for which the exemption is claimed used exclusively for the purposes of education?  YES NO  7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.  BUILDING & IMPROVEMENTS PRIMARY USE INCIDENTAL USE  LEASE OWN  LEASE OWN  LEASE OWN  LEASE OWN		ege or seminary of learning under t	ne laws of the Sta	te of California	?		
YES NO  5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?  YES NO  6. Is the property for which the exemption is claimed used exclusively for the purposes of education?  YES NO  7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.  BUILDING & IMPROVEMENTS PRIMARY USE INCIDENTAL USE  LEASE OWN  LEASE OWN  LEASE OWN  LEASE OWN		entity?					
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The standard of the standard o	and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur	ee years in professional studies, su	ch as law, theolog				
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM