EF-268-B-R10-0514-33000669-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter
"2011-2012.")
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

		with	with the Assessor by February 15.				
	L	٦					
NAME	E OF PERSON M	AKING CLAIM	TITLE				
NAME	E AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)					
NAME	OF INSTITUTION	DN .					
MAILI	NG ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)					
ADDF	RESS OF PROPE	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER				
CITY,	COUNTY, ZIP Co	DDE	LEASE TERMINATION DATE				
DAYS	OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION					
V	Check the type	e of qualifying exclusive use of the property. If filing for the first time, attach a c	opy of the lease or agreement.				
_ [LIBRARY	MUSEUM					
1. [Yes No	Is admittance to the library or museum free? If no, please explain:					
2. [*Yes No	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?				
3. [*Yes No	No If a museum, is there a charge for viewing the museum contents?					
		*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed f Office immediately. The deadline for timely filing a Claim for Welfare Exempt user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the orga the requirements for the exemption.	ion is February 15 each year. Where there is a				
4. [Yes No	Is the property, or a portion thereof, for which the exemption is claimed a book income as defined in section 512 of the Internal Revenue Code?	store that generates unrelated business taxable				
		If yes , a copy of the institution's most recent tax return filed with the Internal Property taxes as determined by establishing a ratio of the unrelated busi income will be levied.					
5. [Yes No	Is any of the owned property used for sales or business purposes other than	a bookstore? If yes, please explain:				
6. [☐ Yes ☐ No	Is any equipment or other property at this location being leased or rented from	n someone else?				
		If yes , list in the remarks section the name and address of the owner and the property. "Exclusive use" is not required for this exemption, the lessee's possible.					
		The benefit of a property tax exemption must inure to the lessee institution; taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Cod					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

not necessary for	the lessor to al	so claim the ex	kemption on the Lessors	'Exemption Claim.	
PROPERTY DESCRIPTION				STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description or map book, page and parcel number from most recent tax statement)				Primary use:	
				Incidental use:	
Area: (Acres o	r square feet)				
Buildings and Improvements				Primary use:	
Bldg. No. or Name	No. of No. of Floors Rooms		Type of Construction		
				Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)				Primary use:	
				Incidental use:	
REMARKS				1	
	Whom	should we co	entact during normal b	ousiness hours for additional inf	
NAME					TITLE
DAYTIME TELEPHONE	Ē	EMAIL A	ADDRESS		I
I certify (or decl	are) under pen g any accompa	alty of perjury unying statemer		FICATION ate of California that the foregoing and correct, and complete to the best of	d all information contained herein, f my knowledge and belief.
NAME OF PERSON MA					TITLE
SIGNATURE OF PERS	ON MAKING CLAIM				DATE