EF-264-AH-R13-0522-34000192-1 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 t imely claim in January 2011 would enter "2011-2012.")

CALFORNIA

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

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 address)		FC	FOR ASSESSOR'S USE ONLY					
(Make necessary corrections to the printed frame and maining address)		Received by						
			(Assess	or's ae	esigne	e)		
		of	(cou	inty or	city)			4
		0.0						
L		on		(date)			
If you no longer seek an exemption at this location, check here $ \Box $ Sign and ret	urn	this form to the	Assessor. Da	ite va	acate	ed:		_
NAME OF CLAIMANT	_							_
TITLE OF CLAIMANT				DAY	TIME	TELEPH	HONE NUMBER	!
CORPORATE NAME OF THE COLLEGE				()			
CORPORATE NAME OF THE COLLEGE								
ADDRESS (Street, City, County, State, Zip Code)								
ACCECCODIO DADOEL NUMBER OD LEGAL DECODIDIDA			DATE DOODED	T\/\\/	40 FI	DOT LIGI	ED DV OLAIMAN	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPER	IY VV	AS FI	K51 USI	ED BY CLAIMAN	41
Owner and operator: (check applicable boxes)								
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator on	ıly							
and claims exemption on all		and/or 🔲 F	Personal prope	erty				
2. Does the above institution qualify as a college or seminary of learning under t	the	laws of the Stat	te 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-yea	ar h	igh school cours	se or its equiva	alent	?			
YES NO								
5. Does the institution confer upon its graduates at least one academic or professi	ion	al degree, based	d on a course o	of at le	east	two yea	ırs in liberal aı	rts
and sciences, or on a course of at least three years in professional studies, su			y, education, r	nedio	cine,	dentist	ry, engineerin	ıg,
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalis	im ?	•						
6. Is the property for which the exemption is claimed used exclusively for the p	urp	oses of education	on?					
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	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM