EF-264-AH-R11-0514-36000830-1 BOE-264-AH (P1) REV. 11 (05-14)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Josie Gonzales Assessor-Recorder-County Clerk

San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING A (Make necessary corrections to the						
Γ		٦	FOR ASSESS	OR'S USE ONLY	R'S USE ONLY	
			Received by			
			(Asse	essor's designee)		
			of	county or city)		
L		_	on			
				(date)		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	IONE NUMBER	
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip	Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPE	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
	operator Owner only Complete C	rovements ning under the of a four-year c or profession I studies, such or journalism	nigh school course or its equinal degree, based on a course as law, theology, education; ? poses of education?	valent? of at least two yea, medicine, dentistr	ry, engineering	
LOCATIONS	PRIMARY US	E	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



8. Has any construction commenced an YES NO If YES , plea		ce 12:01 a.m., January 1	of last year?		
as defined in section 512 of the Interr YES NO If YES , a copy of the institution's m	al Revenue Code?	nal Revenue Service mus	rates unrelated business taxable income st accompany this claim. Property taxes, ross income, will be levied.		
10. Has any of the property listed above YES NO If YES , plea	·	er than a student booksto	re?		
11. If any business is operated by some	one other than the college, attach a co	by of the lease or other a	greement. Please explain:		
12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.					
The benefit of a property tax exemp Taxation Code.	tion must inure to the lessee institution	If taxes paid by the lesso	or, see section 202.2 of the Revenue and		
	ADDITIONAL REQUIRED DO	CUMENTATION			
substituted.	owing the requirements for admission current catalog, listing the degrees conf	_			
degree.Attach a copy of the financia	al statements (balance sheet and opera	ating statement for the pre	eceding fiscal year.)		
Whom should we contact during normal business hours for additional information?					
NAME			TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS				
()					
CERTIFICATION					
	rjury under the laws of the State of Cal nts or documents, is true, correct, and		and all information hereon, including any y knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM			TITLE		
NAME OF PERSON MAKING CLAIM			DATE		

