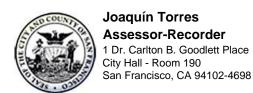
EF-263-A-R07-0617-38000090-1 BOE-263-A (P1) REV. 07 (06-17)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

	with the As	with the Assessor within 120 days of the commencement date of the lease.	
L DENTIFICATION OF A DRIVING A N.T.			•
DENTIFICATION OF APPLICANT  LESSOR'S CORPORATE OR ORGANIZATION NAME			
EEGOON O GONI ONATE ON GNOAMIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
DENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCE	EL NUMBER	
USE OF PROPERTY ✓ Check and state the The exemption claim is made for the following property of		ase attach a list that clearly	y identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No The lease confers upon the less	see the exclusive right to possession and use of	f the property.	
	titution is one whose property qualifies for the e, state university, University of California, or no		
Yes No The lessee institution has the o (one dollar) or any other nomina	ption at the end of the lease term of acquiring all sum.	the above property descril	bed in the lease for \$1
<b>Important:</b> A lessee's affidavit, in which the lesse will result in denial of one time reporting treatment			te the lessee's affidavit
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the for or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE	
NAME OF QUALIFYING LESS	EE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
✓ Check the type of qua	alifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		Y COLLEGE	☐ UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ STATE COL		LEGE NONPROFIT COLLEGE			
☐ PUBLIC SCHOOL ☐ STATE UNIV		/ERSITY			
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .	
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI	
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
(NEXTERNATE)					
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA	
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1	
		CERTIFIC	CATION		
	r penalty of perjury under the loompanying statements or doc			oing and all information hereon, including any y knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM				DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	
LIVIALEADUNESS				/	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

