EF-263-A-R06-0612-38000668-1 BOE-263-A (P1) REV. 06 (06-12)

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)



Joaquín Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

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

L	with the Assessor within 120 days of the commencement date of the lease.			
ENTIFICATION OF APPLICANT	_			
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 20	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER		EL NUMBER	
	e primary and incidental qualifying uses of the pro property: (if there are numerous properties, plea property and the name and address o	ase attach a list that clear	ly identifies the	
PROPERTY TYPE PRIMARY USE		INCIDENT	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
☐ Personal Property				
Yes No The lease confers upon the le	ssee the exclusive right to possession and use o	f the property.		
	nstitution is one whose property qualifies for the ege, state university, University of California, or no			
Yes No The lessee institution has the (one dollar) or any other nominal	option at the end of the lease term of acquiring nal sum.	the above property descri	ibed in the lease for \$1	
Important: A lessee's affidavit, in which the les	see attests to the above statement(s) is provided tent for the exemption. A separate affidavit is requ	. Failure to submit/comple uired of each lessee.	ete the lessee's affidavit	
	CERTIFICATION			
	nder the laws of the State of California that the for ts or documents, is true and correct to the best o			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE	<u> </u>	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

	OR EXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
NAME OF QUALIFYING LESSEE INSTITUTION				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the p	property			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE ASSE	SSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT		
The following property is leased as of Janua etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring options.	the above property described in the lease for \$1		
	CERTIFICATION			
	r under the laws of the State of California that the for nents 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		

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