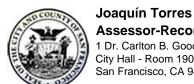
EF-263-A-R06-0612-38000717-1 BOE-263-A (P1) REV. 06 (06-12)

## **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)



**Assessor-Recorder** 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

To receive one time reporting treatment

L	with the A	for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.		
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION 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	Y, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMB		EL NUMBER	
USE OF PROPERTY  Check and state the	primary and incidental qualifying uses of the pro	pperty.		
The exemption claim is made for the following p	roperty: (if there are numerous properties, plea property and the name and address o		ly 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 o	f the property.		
	stitution is one whose property qualifies for the pe, state university, University of California, or no			
Yes No The lessee institution has the control (one dollar) or any other nomination		the above property descr	ibed in the lease for \$1	
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme			ete the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the fol s or documents, is true and correct to the best o	regoing and all information f my knowledge and belie	n hereon, including any f.	
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

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INS		OTION BY QUALIFYING INSTITUTIO	MAL LESSEE		
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
—————————————————————————————————————	g use of the property				
FREE PUBLIC LIB		☐ 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 COMMENCEME		COMMENCEMENT DATE OF LEASE			
	THE ASSESSOR MA	Y REQUEST A COPY OF THE LEASE AG	REEMENT		
The following property is lease etc. Attach a separate listing if		year. If personal property is being leased, inc	dicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
,					
	stitution has the option a any other nominal sum.	t the end of the lease term of acquiring the a	above property described in the lease for \$1		
		CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.					
SIGNATURE OF PERSON MAKING CLAIM		DATE			
NAME OF PERSON MAKING CLAIM		TITLE			
EMAIL ADDRESS			DAYTIME TELEPHONE		
			( )		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

