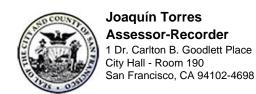
EF-263-A-R07-0617-38000320-1 BOE-263-A (P1) REV. 07 (06-17)

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

	commen	with the Assessor within 120 days of the commencement date of the lease.	
NTIFICATION OF APPLICANT			-
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
NTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
The exemption claim is made for the following pr		lease attach a list that clear	ly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENT	AL USE
Land			
☐ Buildings and Improvements			
Personal Property			
☐ Yes ☐ No The lease confers upon the less	ee the exclusive right to possession and use	of the property.	
Yes No As used herein a qualifying inscommunity college, state college	titution is one whose property qualifies for the a, state university, University of California, or		
Yes No The lessee institution has the of (one dollar) or any other nominal		g the above property descr	ibed in the lease for \$1
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatmen			ete the lessee's affidavit
	CERTIFICATION		
I certify (or declare) under penalty of perjury under accompanying statements	er the laws of the State of California that the or documents, is true and correct to the best		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
$\sqrt{}$ Check the type of qualifying use of th	ne property		
☐ FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY	☐ STATE UNIVERSITY	
AME OF LESSOR			
AILING ADDRESS			
ITY, STATE, ZIP CODE			
MENCEMENT DATE OF LEASE DATE PROPERTY PUT TO EXEMPT		TO EXEMPT USE	
	PLEASE ATTACH A COPY OF THE LEASE AGRE	EMENIT	
	PLEASE ATTACH A COPT OF THE LEASE AGRE	ELIVIEINI	
Yes No The lessee institution hat (one dollar) or any other	as the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	iury under the laws of the State of California that the for tements or documents, is true and correct to the best		
GNATURE OF PERSON MAKING CLAIM		DATE	
AME OF PERSON MAKING CLAIM		TITLE	
MAIL ADDRESS		DAYTIME TELEPHONE	
		()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

