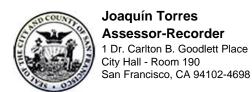
EF-263-A-R07-0617-38000229-1 BOE-263-A (P1) REV. 07 (06-17)

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

| ı | with the A | with the Assessor within 120 days of the commencement date of the lease. | | |
|---|---|---|--|--|
| ENTIFICATION OF APPLICANT | | | | |
| LESSOR'S CORPORATE OR ORGANIZATION NAME | | | | |
| MAILING ADDRESS | | | | |
| WAILING 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 | | |
| USE OF PROPERTY Check and state the The exemption claim is made for the following pr | | ase attach a list that clearly 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 | free public library, free museum, public school, onprofit college property tax exemption. | | |
| Yes No The lessee institution has the of (one dollar) or any other nomina | | the above property described in the lease for \$1 | | |
| Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatme | | . Failure to submit/complete the lessee's affidavit uired of each lessee. | | |
| | CERTIFICATION | | | |
| | er the laws of the State of California that the for or documents, is true and correct to the best or | regoing and all information hereon, including any f my knowledge and belief. | | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE | | |
| NAME OF PERSON MAKING CLAIM | | TITLE | | |
| FIAN ADDRESS | | A VITING TELEPILION | | |
| EMAIL ADDRESS | | DAYTIME TELEPHONE | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-A-R07-0617-38000229

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

| 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 SCH | ☐ 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) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | 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 | |
| LINICIDALICO | | | | / | |

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