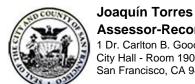
EF-263-A-R07-0617-38000226-1 BOE-263-A (P1) REV. 07 (06-17)

## **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)



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

L	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.			
ENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAM	E			
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 PARC	EL NUMBER
The exemption claim is made for the following property: (if there are numerous properties, please attach a list the property and the name and address of the lessee)  PROPERTY TYPE  PRIMARY USE  IN				ly identifies the  AL USE
Land				
☐ Buildings and Improvements				
☐ Personal Property				
	e lessee the exclusive right to possession a	•		gusaum, public school
	ollege, state university, University of Califo			
Yes No The lessee institution has (one dollar) or any other no	the option at the end of the lease term of a sminal sum.	acquiring the ab	ove property descri	ibed in the lease for \$1
Important: A lessee's affidavit, in which the will result in denial of one time reporting treater				te the lessee's affidavit
	CERTIFICATION			
I certify (or declare) under penalty of perjury accompanying staten	runder the laws of the State of California thents or documents, is true and correct to t			
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		COLLEGE UNIVERSITY OF CALIFORNIA			
☐ FREE MUSEUM ☐ STATE COL		EGE 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	
LIWAILADDINEGO				/ \	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

