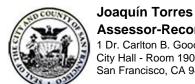
EF-263-A-R07-0617-38000072-1 BOE-263-A (P1) REV. 07 (06-17)

## **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

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.				
NTIFICATION 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				CEL NUMBER
USE OF PROPERTY   √ Check and state the	primary and incidental qualifying use	s of the proper	ty.	
The exemption claim is made for the following p	property: (if there are numerous prop property and the name and			ly identifies the
PROPERTY TYPE PRIMARY USE		INCIDENTAL USE		
Land				
☐ Buildings and Improvements				
Personal Property				
☐ Yes ☐ No The lease confers upon the less	ssee the exclusive right to possession	and use of the	e property.	
	stitution is one whose property qualif ge, state university, University of Calif			
Yes No The lessee institution has the (one dollar) or any other nomin	option at the end of the lease term of nal sum.	acquiring the	above property desci	ibed in the lease for \$1
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatments				ete the lessee's affidavit
	CERTIFICATION			
I certify (or declare) under penalty of perjury un accompanying statement	der the laws of the State of California s or documents, is true and correct to			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHON	E

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## 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		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		
LIVIALADDINESS				/		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

