EF-264-AH-R13-0522-39000187-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011



## Steve J. Bestolarides **Assessor-Recorder-County Clerk**

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San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sjgov.org/department/assessor

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WOI	uld enter "2011-2012.")							
Thi	is claim must be filed by 5:00 p.m., Feb	oruary 15.	Г					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name		e and mailing address)		FOR ASSESSOR'S USE ONLY  Received by				
					(Assess	or's desi	gnee)	
				Of(county or city)				
	L	١		on				
If y	ou no longer seek an exemption at this lo	cation, check here  Sign and retu	urr	this form to the	Assessor. Da	ite vac	ated:	
NAI	ME OF CLAIMANT							
TIT	LE OF CLAIMANT					DAYT	IME TELEPHO	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE		_			(	)	
ADI	DRESS (Street, City, County, State, Zip Code)							
ASS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPER	TY WAS	S FIRST USE	D BY CLAIMANT
2. I [ 3. I	Owner and operator: (check applicable be Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a color YES NO stee institution conducted as a non-proficing YES NO Does the institution require for regular adding YES NO	Owner only Operator only Buildings and improvements llege or seminary of learning under the tentity?	the	laws of the Stat		?		
6	Does the institution confer upon its gradual and sciences, or on a course of at least the veterinary medicine, pharmacy, architectures YES NO	ree years in professional studies, su	uch	as law, theolog				
6. I	s the property for which the exemption is  YES NO	claimed used <b>exclusively</b> for the pu	urp	oses of educati	on?			
	List all buildings and other improvements sheet if necessary. Indicate whether lease							
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE			
			L				LEASE	$\square$ OWN
							LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM