EF-268-B-R11-0522-39000201-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

ORQUIN COUNTY S

Steve J. Bestolarides Assessor-Recorder-County Clerk

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

This claim is filed for fiscal year 20 20					
(Example: a person filing a timely claim in January 2011 would enter					
"2011-2012.")					
NAME AND MAILING ADDRESS					
(Make necessary corrections to the printed name and mailing address)					

A claimant must complete and file this form with the Assessor by February 15.

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If you no longer see	ek an exemption at this location, check here $\ igsqcup$ Sign and return this form to the	e Assessor. Date vacated:		
NAME OF PERSON M	AKING CLAIM	TITLE		
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTION	N			
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CODE		LEASE TERMINATION DATE		
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION			
✓ Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	copy of the lease or agreement.		
LIBRARY	MUSEUM			
1. Yes No	Is admittance to the library or museum free? If no, please explain:			
2.	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?		
3. *Yes No If a museum, is there a charge for viewing the museum contents?				
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organization and the use of the property meet all the requirements for the exemption.			
4. Yes No	. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxal income as defined in section 512 of the Internal Revenue Code?			
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this cla Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's graincome will be levied.			
5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:				
6. Yes No	Is any equipment or other property at this location being leased or rented from	n someone else?		
	If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.			
The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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7. List only property that is owned. Leased property may also be exemp not necessary for the lessor to also claim the exemption on the Lessors	t if listed under the remarks section below. If leased property is listed, it is 'Exemption Claim.
PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use:
Area: (Acres or square feet)	Incidental use:
☐ Buildings and Improvements	Primary use:
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction	Incidental use:

Primary use:

Incidental use:

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Whom should we contact during normal business hours for additional information?

NAME	TITLE				
DAYTIME TELEPHONE	EMAIL ADDRESS				
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CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.					
NAME OF PERSON MAKING CLAIM	TITLE				
SIGNATURE OF PERSON MAKING CLAIM	DATE				



Personal Property: Describe - include cost and acquisition dates if

applicable. (Attach a separate sheet if necessary.)