EF-263-A-R07-0617-40000221-1 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)



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

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.			
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM
ABBRESS STATES ENTRANSPERVAND STREET,				20 20
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCE	EL NUMBER
PROPERTY TYPE	property and the name a	and address of the	INCIDENTA	AL USE
Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	ee the exclusive right to possess	ion and use of the	property.	
Yes No As used herein a qualifying inst community college, state college	titution is one whose property que, state university, University of C			
Yes No The lessee institution has the option (one dollar) or any other nomina		of acquiring the a	bove property describ	ped in the lease for \$1
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatmen				e the lessee's affidavit
	CERTIFICATION	l		
I certify (or declare) under penalty of perjury unde accompanying statements	er the laws of the State of Califor or documents, is true and correc			
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

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LES	SEE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
$\overline{\checkmark}$ Check the type of qu	ualifying use of the prop	perty			
FREE PUB	LIC LIBRARY	COMMUNITY COLLEG	E UNIVERSITY OF CALIFORNIA		
☐ FREE MUS	EUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SC	HOOL	STATE UNIVERSITY			
AME OF LESSOR					
AILING ADDRESS					
ITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROF	DATE PROPERTY PUT TO EXEMPT USE		
	PIFΔ	SE ATTACH A COPY OF THE LEA	SE AGREEMENT		
	1 227	32 / 1 / 1 / 1 / 1 / 1 Z Z Z / 1 / 1 / 2 Z Z / 1 / 2 Z Z / 2 Z Z / 2 Z Z / 2 Z Z Z Z Z Z	JE NORCE WENT		
	see institution has the		f acquiring the above property described in the lease for \$1		
portify (or doctors)	or nonalty of navium.	CERTIFICATION	that the foregoing and all information have a including a second		
ac	companying statement	ider the laws of the State of California ts or documents, is true and correct to	that the foregoing and all information hereon, including any the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM			DATE		
NAME OF PERSON MAKING CLAIM			TITLE		
EMAIL ADDRESS			DAYTIME TELEPHONE		
			()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

