EF-263-B-R03-0519-40000284-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

		receive the full exemption, this claim must
	be	filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME		
ELEGEL G GOTT GIVITE ON GIVEN WILL WILL		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following p	primary and incidental qualifying uses of the pro roperty: (if there are numerous properties, plea property and the name and address o	ase attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement conf	fer upon the lessee the exclusive right to posses	sion and use of the property?
	rator of real or personal property owned by a pu California that is used exclusively for communites?	
Yes No Does the claimant own personal	al property used at this property for public schoo	I purposes?
Note: If requested by the assessor, the claimant	t shall provide a copy of the lease or agreement	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best or	regoing and all information hereon, including any f my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

