EF-263-A-R07-0617-43000045-1 BOE-263-A (P1) REV. 07 (06-17)		ASSESSOR + COLLER	Lawrence E. Stone Santa Clara County Assessor		
		AT A ACC	Exemptions Unit West Tasman Campus		
QUALIFIED LESSORS' EXEMPTION CLAI	Μ	Santa Clara County	130 W Tasman Drive San Jose, CA 95134		
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			Ph: (408) 299-6460 exemptions@asr.sccgov.o www.sccassessor.org	rg	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and) Г	mailing address)				
L		for the exe with the A	e one time reporting emption, this claim mu ssessor within 120 d ement date of the lease	ust be filed ays of the	
IDENTIFICATION OF APPLICANT					
LESSOR'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
CORPORATE ID (IF ANY)					
IDENTIFICATION OF PROPERTY					
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM	
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCI	EL NUMBER	
USE OF PROPERTY Check and state the	primary and incidental qualify	/ing uses of the pr	operty.		
The exemption claim is made for the following p		ous properties, ple	ase attach a list that clearly	y identifies the	
PROPERTY TYPE	PRIMARY US	SE	INCIDENT	AL USE	
Land					
Buildings and Improvements					
Personal Property					
Yes INO The lease confers upon the les	see the exclusive right to pos	session and use c	f the property.		
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.					
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.					
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.					
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any					

accompanying statements or documents, is true and correct to the best of my knowledge and belier.				
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 LESSEE INSTITUTION		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\boxed{\checkmark}$ Check the type of qualifying use of the pro	perty	
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
PLEA	ASE ATTACH A COPY OF THE LEASE AGREI	EMENT

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION

Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.

CERTIFICATION				
I certify (or declare) under penalty of perjury under the laws of the State of Call accompanying statements or documents, is true and cor				
SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM	TITLE			
EMAIL ADDRESS	DAYTIME TELEPHONE			
	()			
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION				

