EF-264-AH-R13-0522-43000185-1 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 would enter "2011-2012.")

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS



## Lawrence E. Stone **Santa Clara County Assessor**

**Exemptions Unit** West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

FOR ASSESSOR'S USE ONLY

CLAIMANT NAME AND MAILING ADDRESS					
(Make necessary corrections to the printed name and mailing address)		Received by			
		of	·	,	
			(county or d	city)	
L	_	on	(date)		
f you no longer seek an exemption at this loo	cation, check here  Sign and retu	rn this form to the	Assessor. Date va	ıcated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAY	TIME TELEPHO	ONE NUMBER
			(	)	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable box) Claimant is:	Owner only	and/or	se or its equivalent? d on a course of at le y, education, medic	east two year ine, dentistry	/, engineering.
sheet if necessary. Indicate whether lease	d or owned. Please use a separate	claim form for	each Assessor's F		
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN			
				□ LEASE	□ OWN
				_ _ LEASE	OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM