EF-264-AH-R12-0516-49000644-1 BOE-264-AH (P1) REV. 12 (05-16)

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.")



William F Rousseau Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403-2872 Telephone: (707) 565-1888 FAX: (707) 565-3317 sonomacounty.ca.gov/assessor

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)				
Г	٦	F	FOR ASSESSOR'S USE ONLY		
		Received by			
		Treserved by 1	(Assess	or's designee)	
		of	(cou	ınty or city)	
L	_	on			
				(date)	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				/	
ADDRESS (Street, City, County, State, Zip Code)					
ACCESCODIC DADCEL NUMBER OF LEGAL DECORPORATION			DATE DOODED	TV WAS FIRST LISE	D DV OLABAANT
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC		DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN I	
Owner and operator: (check applicable both Claimant is: Owner and operator)	oxes) Owner only Operator onl	у			
and claims exemption on all	☐ Buildings and improvements	and/or \square	Personal prope	erty	
2. Does the above institution qualify as a col	lege or seminary of learning under t	he laws of the Sta	te of California	?	
3. Is the institution conducted as a non-profi	t entity?				
4. Does the institution require for regular add	mission the completion of a four-yea	r high school coul	se or its equiva	alent?	
5. Does the institution confer upon its graduar and sciences, or on a course of at least th veterinary medicine, pharmacy, architecture.	ree years in professional studies, su	ch as law, theolog			
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of educat	ion?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	
				LEASE	
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 o YES NO If YES , please explain:	of last year?				
9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.					
10. Has any of the property listed above been used for business purposes other than a student bookstore YES NO If YES , please explain:	e?				
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	reement. Please explain:				
12. Is any equipment or other property being leased or rented from someone else? YES NO					
If YES , list on a separate sheet the name and address of the owner and the type, make, model, a property listed is not used exclusively for educational purposes at the collegiate level, please stat property, provide the name and address of the owner.					
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.					
ADDITIONAL REQUIRED DOCUMENTATION					
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 					
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 					
Attach a copy of the financial statements (balance sheet and operating statement for the pred Whom should we contact during normal business hours for additional					
NAME	TITLE				
DAYTIME TELEPHONE EMAIL ADDRESS					
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, correct, and complete to the best of my knowledge and belief.					
	TITLE				
NAME OF PERSON MAKING CLAIM	DATE				

