EF-263-A-R07-0617-50000437-1 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)



Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

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.

L			with the Assessor within 120 days of the commencement date of the lease.		
ENTIFICATION OF A	APPLICANT	_			
LESSOR'S CORPORA	ATE OR ORGANIZATION NAME				
MAILING ADDRESS					
CITY, STATE, ZIP CO	DE				
CORPORATE ID (IF A	NY)				
ENTIFICATION OF F	PROPERTY				
ADDRESS OF PROP		FISCAL YEAR OF CLAIM 20 = 20			
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARC	ASSESSOR'S PARCEL NUMBER	
	_	primary and incidental qualifying uses of the property: (if there are numerous properties, ple property and the name and address	ease attach a list that clearl	y identifies the	
PR	OPERTY TYPE	PRIMARY USE	INCIDENT	INCIDENTAL USE	
Land					
Buildings a	nd Improvements				
Personal P	roperty				
☐ Yes ☐ No T	he lease confers upon the less	see the exclusive right to possession and use	of the property.		
	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.				
	es No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$^(one dollar) or any other nominal sum.				
		ee attests to the above statement(s) is provide nt for the exemption. A separate affidavit is rec		te the lessee's affidavit	
		CERTIFICATION			
I certify (or declare	e) under penalty of perjury und accompanying statements	er the laws of the State of California that the form or documents, is true and correct to the best of	oregoing and all information of my knowledge and belief	n hereon, including any f.	
SIGNATURE OF PERSOI	N MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM			TITLE		
EMAIL ADDRESS			DAYTIME TELEPHONE	<u> </u>	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	FOR EXECUTION BY QUALIFYING INSTITU	TOTAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM ☐ PUBLIC SCHOOL	☐ STATE COLLEGE ☐ STATE UNIVERSITY	□ NONPROFIT COLLEGE	
NAME OF LESSOR	STATE UNIVERSITY		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT TO	DATE PROPERTY PUT TO EXEMPT USE	
F		MENT	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
Yes No The lessee institution ha (one dollar) or any other	as the option at the end of the lease term of acquiring the nominal sum.	ne above property described in the lease for \$1	
	CERTIFICATION		
accompanying state	ury under the laws of the State of California that the fore ements or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	

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