EF-264-AH-R13-0522-50000340-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

## **COLLEGE EXEMPTION CLAIM** This claim is filed for fiscal year 20

(Example: a person filing a timely claim in January 2011

- 20

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

Stanislaus
Cou
Striving to be the Best

This claim must be filed by 5:00 p.m.	, February 15.			
CLAIMANT NAME AND MAILING ADDRE	FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed	a name and mailing address)	Received by _	(4)	
			(Assessor's designee)	
		of	(county or city)	
		on		
L	٦	on	(date)	
f you no longer seek an exemption at th	nis location, check here $\ \square$ Sign and retu	rn this form to the	e Assessor. Date vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELE	PHONE NUMBER
CORPORATE NAME OF THE COLLEGE			( /	
ADDRESS (Street, City, County, State, Zip Code	a)			
ASSESSOR'S PARCEL NUMBER OR LEGAL D		DATE PROPERTY WAS FIRST USED BY CLAIMANT		
YES NO  8. Is the institution conducted as a non- YES NO  4. Does the institution require for regular YES NO  5. Does the institution confer upon its grain and sciences, or on a course of at least veterinary medicine, pharmacy, architology YES NO  6. Is the property for which the exemption YES NO  7. List all buildings and other improvements.	and Buildings and improvements a college or seminary of learning under the	and/or  and/or	rse or its equivalent?  Id on a course of at least two years, education, medicine, dentifier.	stry, engineering tach a separate
BUILDING & IMPROVEMENTS	· · · · · · · · · · · · · · · · · · ·		ITAL USE	mber.
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN
				<del></del>
			LEASE	



DATE



NAME OF PERSON MAKING CLAIM