		Stanislaus County	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
(Example: a person filing "2011-2012.") NAME AND M	fiscal year 20 20 a timely claim in January 2011 would enter AILING ADDRESS ary corrections to the printed name and mailing address)		aimant must complete and file this form the Assessor by February 15.
L If you no longer see	k an exemption at this location, check here 🔲 Sign a	_ nd return this form to t	he Assessor. Date vacated:
NAME OF PERSON MA	AKING CLAIM		TITLE
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)		
NAME OF INSTITUTIO	N		
MAILING ADDRESS OF	INSTITUTION (CITY, STATE, ZIP CODE)		
ADDRESS OF PROPERTY (NUMBER AND STREET)			ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CO	DE		LEASE TERMINATION DATE
DAYS OF THE WEEK C	OPEN TO THE PUBLIC AND HOURS OF OPERATION		
Check the type	of qualifying exclusive use of the property. If filing for the	he first time attach a	conv of the lease or agreement
1. 🗌 Yes 🗌 No	Is admittance to the library or museum free? If no, ple	ase explain:	
	If a library, is there a user charge for the use of books	-	es?
3. 🗌 *Yes 🗌 No	If a museum, is there a charge for viewing the museur		
	*If yes , and a BOE-267, <i>Claim for Welfare Exemptio</i> Office immediately. The deadline for timely filing a Cla user charge, a <i>Claim for Welfare Exemption</i> may be a the requirements for the exemption.	aim for Welfare Exemp	otion is February 15 each year. Where there is a
4. Yes No	No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?		
	If yes , a copy of the institution's most recent tax retur Property taxes as determined by establishing a ratio income will be levied.		
5. 🗌 Yes 🗌 No	Is any of the owned property used for sales or busines	s purposes other than	a bookstore? If yes, please explain:
6. 🗌 Yes 🗌 No	Is any equipment or other property at this location beir	ng leased or rented fro	m someone else?
	If yes , list in the remarks section the name and addre the property. "Exclusive use" is not required for this ex		
	The benefit of a property tax exemption must inure to of taxes paid by the lessor. See section 202.2 of the R		
	THIS DOCUMENT IS SUBJEC	T TO PUBLIC INS	PECTION

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7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use:	
	Incidental use:	
Area: (Acres or square feet)		
Buildings and Improvements	Primary use:	
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction		
	Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)	Primary use: Incidental use:	

REMARKS

Whom should we contact during normal business hours for additional information?

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
()		
	CERTIFICATION	
l certify (or declare) under including any acco	penalty of perjury under the laws of the State of Califon npanying statements or documents, is true, correct, a	ornia that the foregoing and all information contained herein, and complete to the best of my knowledge and belief.
NAME OF PERSON MAKING CLAIM		TITLE
SIGNATURE OF PERSON MAKING C	AIM	DATE
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