EF-263-A-R07-0617-51000195-1 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)

SUTTER SU

KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198 www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

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		commencement date of the lease.			
DENTIFICATION OF APPLICANT					
LESSOR'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
CORPORATE ID (IF ANY)					
DENTIFICATION OF PROPERTY					
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 = 20			
CITY, COUNTY, ZIP CODE ASSE				SSESSOR'S PARCEL NUMBER	
USE OF PROPERTY ✓ Check and state the The exemption claim is made for the following p		properties, please atta		y identifies the	
PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE		
Land					
☐ Buildings and Improvements					
☐ Personal Property					
☐ Yes ☐ No The lease confers upon the les	see the exclusive right to posses	sion and use of the pro	perty.		
Yes No As used herein a qualifying incommunity college, state college	stitution is one whose property qge, state university, University of 0				
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.					
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatment				te the lessee's affidavit	
	CERTIFICATIO	N			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of Califo s or documents, is true and correc				
SIGNATURE OF PERSON MAKING CLAIM		DATE			
NAME OF PERSON MAKING CLAIM			TITLE		
EMAIL ADDRESS			DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE		
NAME OF QUALIFYING LESS	EE INSTITUTION					
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
✓ Check the type of qua	alifying use of the property					
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		COLLEGE UNIVERSITY OF CALIFORNIA				
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE				
☐ PUBLIC SCH	HOOL	STATE UNI	/ERSITY			
NAME OF LESSOR						
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE				
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .		
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI		
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION				
(NEXTERNATE)						
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA		
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1		
		CERTIFIC	CATION			
	r penalty of perjury under the loompanying statements or doc			oing and all information hereon, including any y knowledge and belief.		
SIGNATURE OF PERSON MAKING	CLAIM			DATE		
NAME OF PERSON MAKING CLAIM				TITLE		
EMAIL ADDRESS				DAYTIME TELEPHONE		
LIVIALADDIALOS				/		

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