EF-263-A-R07-0617-51000165-1 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 SUT 1190

## 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@cc.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.			
ENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 - 20	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PAR	CEL NUMBER	
The exemption claim is made for the following pr	roperty: (if there are numerous properties, plants property and the name and address		rly identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDEN	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possession and use	of the property.		
	titution is one whose property qualifies for the			
Yes No The lessee institution has the o (one dollar) or any other nomina	ption at the end of the lease term of acquiring	g the above property desc	ribed in the lease for \$	
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatment			ete the lessee's affidav	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	er the laws of the State of California that the f or documents, is true and correct to the best			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHON	NE	

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### RETURN THIS AFFIDAVIT TO LESSOR

#### AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	REXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the pro	pperty		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE		_	
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT T	DATE PROPERTY PUT TO EXEMPT USE	
PI F	 ASE ATTACH A COPY OF THE LEASE AGREE	-MENT	
1 LL/	AGE ATTACITA COLL OF THE LEASE AGILE		
The following property is leased as of January etc. Attach a separate listing if necessary.	1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
Yes No The lessee institution has the (one dollar) or any other norm	e option at the end of the lease term of acquiring sinal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	nder the laws of the State of California that the for nts 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	
		1.7	

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