-263-B-R02-0810-53000435-1 E-263-B (P1) REV. 02 (08-10) LESSEES' EXEMPTION CLAIM Declaration of property information as of 12:01 a.m., January 1, 20 PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing	C P. W Pr Fa as	hanna White Founty Clerk-Recorder-Assessor O. Box 1255 /eaverville, CA 96093 hone: (530) 623-1257 ax: (530) 623-8398 ssessor@trinitycounty.org
L IDENTIFICATION OF APPLICANT		ceive the full exemption, this claim must ed with the Assessor by February 15.
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the prima The exemption claim is made for the following proper	y and incidental qualifying uses of the prope r: (if there are numerous properties, please property and the name and address of the PRIMARY USE	e attach a list that clearly identifies the
Buildings and Improvements		
Personal Property		
 Yes No Does the lease/agreement confer up Yes No Is the claimant a lessee or operator of state university, or University of California purposes? 		c school, community college, state college,
Note: If requested by the assessor, the claimant shall	provide a copy of the lease or agreement.	
I certify (or declare) under penalty of perjury under the		
SIGNATURE OF PERSON MAKING CLAIM	cuments, is true and correct to the best of m	
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE
		()