EF-263-A-R07-0617-54000363-1 BOE-263-A (P1) REV. 07 (06-17) QUALIFIED LESSORS' EXEMPTION CLAIM			County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E	
			Visalia, CA 93291-4593 Ph: (559) 636-5100	
PROPERTY USED FOR FREE PUBLIC LIBRAR MUSEUMS AND USED EXCLUSIVELY FOR PUB COMMUNITY COLLEGES, STATE COLLEGES, STAT UNIVERSITY OF CALIFORNIA, AND NONPRO	BLIC SCHOOLS, EUNIVERSITIES,		Fax: (559) 737-4468	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mail Г	iling address)			
L	L	for the exer with the As	one time reporting mption, this claim m sessor within 120 c nent date of the lease	ust be filed lays of the
IDENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARC	
USE OF PROPERTY Check and state the pr	rimary and incidental qualifyir	g uses of the pro	perty.	
The exemption claim is made for the following pro	perty: (if there are numerous property and the nam			y identifies the
PROPERTY TYPE	PRIMARY USE		INCIDENT	AL USE
Land				
Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the lesse	e the exclusive right to posse	ession and use of	the property.	
Yes No As used herein a qualifying instit community college, state college,				
Yes No The lessee institution has the opt (one dollar) or any other nominal		erm of acquiring t	he above property descri	bed in the lease for \$1
Important: A lessee's affidavit, in which the lessee will result in denial of one time reporting treatment				te the lessee's affidavit
	CERTIFICATIO	ON		
I certify (or declare) under penalty of perjury under accompanying statements o	r the laws of the State of Calif or documents, is true and corr			

Tara K. Freitas

accompanying statements of documents, is true and correct to the best of my knowledge and benef.			
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 QUALIFYING LESSEE INSTITUTION		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\boxed{\checkmark}$ Check the type of qualifying use of the pro	perty	
FREE PUBLIC LIBRARY		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	TO EXEMPT USE
PLEA	ASE ATTACH A COPY OF THE LEASE AGREI	EMENT

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION
	•

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.

CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.				
NAME OF PERSON MAKING CLAIM	TITLE			
EMAIL ADDRESS	DAYTIME TELEPHONE			
	()			
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION				

