EF-268-B-R10-0514-54000284-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Tara K. Freitas County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100

Fax: (559) 737-4468

This	claim	is	filed f	or fis	cal	ye	ar	20	- 20	

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form

			with the Assessor by February 15.
	L	لـ	
NAM	IE OF PERSON M	IAKING CLAIM	TITLE
NAM	E AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)	<u> </u>
NAM	E OF INSTITUTION	NO	
MAIL	ING ADDRESS C	OF INSTITUTION (CITY, STATE, ZIP CODE)	
ADD	RESS OF PROPE	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
CITY	, COUNTY, ZIP C	ODE	LEASE TERMINATION DATE
DAV	C OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION	
DAT	5 OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION	
	Check the type	e of qualifying exclusive use of the property. If filing for the first time, at	tach a copy of the lease or agreement.
	LIBRARY	MUSEUM	
1.	Yes No	Is admittance to the library or museum free? If no, please explain:	
2.	*Yes No	If a library, is there a user charge for the use of books, periodicals, o	facilities?
3.	*Yes No	If a museum, is there a charge for viewing the museum contents?	
		*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not bee Office immediately. The deadline for timely filing a Claim for Welfare user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the requirements for the exemption.	Exemption is February 15 each year. Where there is a
4.	☐ Yes ☐ No	Is the property, or a portion thereof, for which the exemption is claimed income as defined in section 512 of the Internal Revenue Code?	a bookstore that generates unrelated business taxable
		If yes , a copy of the institution's most recent tax return filed with the Property taxes as determined by establishing a ratio of the unrelatincome will be levied.	
5.	Yes No	Is any of the owned property used for sales or business purposes oth	er than a bookstore? If yes, please explain:
6.	Yes No	s Is any equipment or other property at this location being leased or rer	nted from someone else?
		If yes , list in the remarks section the name and address of the owner property. "Exclusive use" is not required for this exemption, the lesses	
		The benefit of a property tax exemption must inure to the lessee instaxes paid by the lessor. See section 202.2 of the Revenue and Taxa	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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.

□ Land: (Legal description or map book, page and parcel number from most recent tax statement) Primary use: □ Area: (Acres or square feet) Incidental use: □ Buildings and Improvements Bldg. No. No. of No. of Type of or Name Floors Rooms Construction Primary use: □ Incidental use: Incidental use:	
Buildings and Improvements 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: Primary use: Incidental 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:	
or Name Floors Rooms Construction Incidental use: Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) Incidental use:	
applicable. (Attach a separate sheet if necessary.) Incidental use:	
applicable. (Attach a separate sheet if necessary.) Incidental use:	
applicable. (Attach a separate sheet if necessary.) Incidental use:	
Incidental use:	
EMARKS	
Whom should we contact during normal business hours for additional i	nformation?
AME	TITLE
AYTIME TELEPHONE EMAIL ADDRESS	
)	
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing a including any accompanying statements or documents, is true, correct, and complete to the best	
IAME OF PERSON MAKING CLAIM	and all information contained herein, of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	and all information contained herein, of my knowledge and belief. TITLE

