EF-268-B-R11-0522-54000038-1

BOE-268-B (P1) REV. 11 (05-22)

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 for fiscal year 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.

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L	J		
If you no longer se	ek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	he Assessor. Date vacated:	
NAME OF PERSON M	MAKING CLAIM	TITLE	
NAME OF PERSON N	AKING CLAIM	IIILE	
NAME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)		
NAME OF INSTITUTION	ON .		
MAILING ADDRESS C	F INSTITUTION (CITY, STATE, ZIP CODE)		
ADDRESS OF PROPE	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER	
CITY, COUNTY, ZIP C	ODE	LEASE TERMINATION DATE	
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION	<u> </u>	
Check the type	e of qualifying exclusive use of the property. If filing for the first time, attach 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	2. *Yes No If a library, is there a user charge for the use of books, periodicals, or 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 been filed Office immediately. The deadline for timely filing a Claim for Welfare Exemption.		
	user charge, a Claim for Welfare Exemption may be allowed if both the organization		
	the requirements for the exemption.		
4. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business income as defined in section 512 of the Internal Revenue Code?			
	If you a copy of the institution's most recent toy return filed with the Interne	Devenue Conice must assemble this slaim	
	If yes , a copy of the institution's most recent tax return filed with the Internal Property taxes as determined by establishing a ratio of the unrelated bus		
	income will be levied.		
5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:			
6. Yes No	b Is any equipment or other property at this location being leased or rented fro		
	If yes, list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.		
	The benefit of a property tax exemption must inure to the lessee institution;		
	of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation 0		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-268-B-R11-0522-54000038-2 BOE-268-B (P2) REV. 11 (05-22) 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. PROPERTY DESCRIPTION STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Land: (Legal description or map book, page and parcel number Primary use: from most recent tax statement) Incidental use: Area: (Acres or square feet) ☐ Buildings and Improvements Primary use: Bldg. No. No. of No. of Type of or Name Construction Floors Rooms Incidental use: Primary use: Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.) Incidental use: **REMARKS** Whom should we contact during normal business hours for additional information? TITLE NAME DAYTIME TELEPHONE EMAIL ADDRESS

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE

