EF-264-AH-R13-0522-56000218-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ___. (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")



Keith Taylor Assessor Of Ventura County

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
		Received by			
		110001100 27	(Assesso	r's designee)	
		of	(cour	nty or city)	
			(****	.,,	
L	On(date)				
f you no longer seek an exemption at this	location, check here Sign and retu	urn this form to the	e Assessor. Dat	e vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPHONE NUMBER	
CORPORATE NAME OF THE COLLEGE				,	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DE		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable	hoves)				
	or	у			
and claims exemption on all	d Buildings and improvements	and/or	Personal prope	rty	
2. Does the above institution qualify as a o	college or seminary of learning under t	he laws of the Sta	te of California?	?	
3. Is the institution conducted as a non-pro	ofit entity?				
YES NO					
4. Does the institution require for regular a YES NO	admission the completion of a four-yea	r high school cour	rse or its equiva	lent?	
5. Does the institution confer upon its gradu					
and sciences, or on a course of at least veterinary medicine, pharmacy, architecture.			gy, education, m	edicine, dentistry	y, engineering
YES NO	•				
6. Is the property for which the exemption	is claimed used exclusively for the pr	urposes of educat	ion?		
YES NO					
7. List all buildings and other improvemen	ts for which exemption is claimed and	state the primary	and incidental u	se of each. Attac	ch a separate
sheet if necessary. Indicate whether lea	sed or owned. Please use a separat	e claim form for	each Assesso	r's Parcel Numl	ber.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM