EF-268-B-R11-0522-56000233-1

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.



## Keith Taylor Assessor Of Ventura County

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

This claim is filed for fiscal year 20 20
(Example: a person filing a timely claim in January 2011 would ente
'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.

	With	The recoded by Fobradry 10.	
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	If a library, is there a user charge for the use of books, periodicals, or faciliti	es?	
	If a museum, is there a charge for viewing the museum contents?		
	*If <b>yes</b> , 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.		
Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxal 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 <b>yes</b> , 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	ls 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 <b>yes</b> , list in the remarks section the name and address of the owner and the property. "Exclusive use" is not required for this exemption, the lessee's		
	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



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7. List only proper	ty that is own			t if listed under the remarks section below. If leased property is listed, it is
not necessary for			exemption on the Lessors	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
PROPERTY DESCRIPTION  Land: (Legal description or map book, page and parcel number from most recent tax statement)  Area: (Acres or square feet)			Primary use:	
			Incidental use:	
Buildings and Bldg. No. or Name	Improvements No. of Floors	No. of Rooms	Type of Construction	Primary use:
				Incidental use:
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)				Primary use: Incidental use:
REMARKS				
NAME	Whom	should we d	contact during normal l	ousiness hours for additional information?
DAYTIME TELEPHONE	Ē	EMAI	IL ADDRESS	
			CERTIF	FICATION

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

