EF-268-B-R11-0522-56000033-1

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.



## **Assessor Of Ventura County**

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

This claim is	s filed for fiscal year 20	20	
(Example: a p	erson filing a timely claim in Ja	nuary 2011	would ente
"2011-2012.")			
,	NAME AND MAILING ADDRESS		
	(Make necessary corrections to the print	ad name and r	nailina address

A claimant must complete and file this form with the Assessor by February 15.

L	ن ا				
If you no longer see	ek an exemption at this location, check here $\ \ \ \ \ $ Sign and return this form to the	ne Assessor. Date vacated:			
NAME OF PERSON M	AKING CLAIM	TITLE			
NAME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)				
NAME OF INSTITUTION					
MAILING ADDRESS C	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	RTY (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					
✓ Check the type	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.	If a library, is there a user charge for the use of books, periodicals, or facilities	es?			
3. The second of	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 <i>Claim for Welfare Exemption</i> may be allowed if both the orgathe requirements for the exemption.	tion is February 15 each year. Where there is a			
4. Yes No	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 <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	Is any of the owned property used for sales or business purposes other than	a bookstore? If yes, please explain:			
6. Yes No	Is any equipment or other property at this location being leased or rented from	m someone else?			
If <b>yes</b> , 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; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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 liste	ed, 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 from most recent tax statement)		Primary use:	
_		Incidental use:	
Area: (Acres or square feet)			
Buildings and Improvements		Primary use:	
	No. of Type of Rooms Construction		
		Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)		Primary use:	
		Incidental use:	
REMARKS			
Whom s	hould we contact during normal	business hours for additional inf	formation?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		1
I certify (or declare) under pena including any accompan		FICATION  ate of California that the foregoing and correct, and complete to the best of	d all information contained herein, f my knowledge and belief.
NAME OF PERSON MAKING CLAIM	. <u> </u>	,	TITLE
SIGNATURE OF PERSON MAKING CLAIM			DATE