EF-264-AH-R13-0522-57000041-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20

- 20

Yolo County Assessor 625 Court St, Rm. 104

Jesse Salinas

Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213

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County of Yok	To The
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(Example: a person filing a t imely claim in Jawould enter "2011-2012.")	anuary 2011	Fax (530) 666-8213 assessor@yolocounty.org			
This claim must be filed by 5:00 p.m., Fel	oruary 15.	_			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOR'S USE ONLY			
		Received by			
			(Assessor	s designee)	
		of	(count	y or city)	
		on			
L	الـ		(0	date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	ırn this form to the	e Assessor. Date	e vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			[DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				()	
ADDRESS (Street, City, County, State, Zip Code)					
ADDITESS (Street, Oily, County, State, 21p code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY	/ WAS FIRST USEI	D BY CLAIMANT
and claims exemption on all Land 2. Does the above institution qualify as a co YES NO 3. Is the institution conducted as a non-profi YES NO 4. Does the institution require for regular add YES NO 5. Does the institution confer upon its gradua and sciences, or on a course of at least the veterinary medicine, pharmacy, architectures YES NO 6. Is the property for which the exemption is YES NO 7. List all buildings and other improvements	Owner only Operator onl Buildings and improvements Illege or seminary of learning under the tentity? The seminary of learning under the seminary of learning under the tentity? The seminary of learning under the seminary	and/or ne laws of the Sta r high school coun onal degree, base ch as law, theolog n? urposes of educat	rse or its equivalend on a course of a gy, education, me ion?	ent? at least two year edicine, dentistry	y, engineering ch a separate
sheet if necessary. Indicate whether lease	ed or owned. Please use a separat	e claim form for	each Assessor		
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE	_ □ LEASE	□OWN
				LEASE	
				LEASE	
				LEASE	
	1				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM