EF-263-A-R07-0617-58000039-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

L	_ commencement date of the lease.		
DENTIFICATION OF APPLICANT			
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
DENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 - 20	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following property of t	primary and incidental qualifying uses of the property: (if there are numerous properties, ple property and the name and address of	ase attach a list that clearly identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
☐ Yes ☐ No As used herein a qualifying ins	see the exclusive right to possession and use of stitution is one whose property qualifies for the e, state university, University of California, or no	e free public library, free museum, public school,	
Yes No The lessee institution has the control (one dollar) or any other nominal		the above property described in the lease for \$1	
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme		I. Failure to submit/complete the lessee's affidavit uired of each lessee.	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the fo or documents, is true and correct to the best o	regoing and all information hereon, including any f my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	REXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the pro	pperty		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE		_	
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT T	DATE PROPERTY PUT TO EXEMPT USE	
PI F	 ASE ATTACH A COPY OF THE LEASE AGREE	-MENT	
1 LL/	AGE ATTACITA COLL OF THE LEASE AGREE		
The following property is leased as of January etc. Attach a separate listing if necessary.	1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
Yes No The lessee institution has the (one dollar) or any other norm	e option at the end of the lease term of acquiring sinal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	nder the laws of the State of California that the for nts or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	
		1.7	

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