			NE CON	David Peets
	22-02000120-1		Second	Alpine County Assessor/Recorder
BOE-268-A (P1) R	. ,			50 Diamond Valley Rd. P.O. Box 155
			CALLER AND	Markleeville, CA 9612
SCHOOL, CC	JSED EXCLUSIVE OMMUNITY COLLEG OR UNIVERSITY OF	E, STATE COLLEGE, STA	TE	
FISCAL YEAR	OF CLAIM 20	20 (see instructi	ions)	
	ND MAILING ADDRESS	ted name and mailing address)		
F			Г	A claimant must complete and file this form with the Assessor by February 15.
I			I	
∟ 	anak an avamation of	this location shock here.		in form to the Accessor Data was at all
IDENTIFICATIO	DN OF APPLICANT			is form to the Assessor. Date vacated:
MAILING ADDRES	SS SS			
CITY, STATE, ZIP	CODE			
CORPORATE ID (IF ANY)			
NAME OF SCHOO		AU		
CITY, COUNTY, ZI	ERTY	Isive use of the property		ASSESSOR'S PARCEL NUMBER
PUBLIC	SCHOOL	STATE UI	NIVERSITY	STATE COLLEGE
	JNITY COLLEGE		SITY OF CALIFORNI	A
IDENTIFICATION	DN OF REAL PROPE		St	
MAILING ADDRES	SS			
CITY, STATE, ZIP	CODE			
0111, 017112, 21	OODE			
🗌 Yes 🗌 No	A copy of the lease a	agreement is attached.	DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE
🗌 Yes 🗌 No	The lease confers up	oon the lessee the exclusive	right to possess and	d use the property.
Yes No	The property, or a po 512 of the Internal R		ookstore that generate	es unrelated business taxable income as defined in sectio
				e Internal Revenue Service must accompany this affidavi elated business taxable income to the bookstore's gros
	colleges, state univers			m only applies when lessees are public schools, communit of this claim after the due date will result in a portion of the
	-	THIS DOCUMENT IS S	UBJECT TO PUE	BLIC INSPECTION



BOE-268-A (P2) REV. 09 (05-22)

LEASED PROPERTY AS OF JANUARY 1	NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)	
Land (Legal description or map book, page and parcel number)		
Buildings and Improvements		
Personal Property (Describe by type, make, model and serial number. If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessor.)	ICATION	
	e of California that the foregoing and all information hereon, including any and correct to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING OLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	
	NS FOR FILING	

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

IMPORTANT NOTICE

A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. 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.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

FILING OF AFFIDAVIT

To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

IDENTIFICATION OF APPLICANT

Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

IDENTIFICATION OF PROPERTY

Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USE OF PROPERTY

Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

IDENTIFICATION OF OWNER

Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.

