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



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	ND MAILING ADDRESS ecessary corrections to the printed name and mailing	address)					
L			for the exemption, th	e reporting treatment is claim must be filed ithin 120 days of the of the lease.			
IDENTIFICATION O	FAPPLICANT						
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME		IC	Λ			
MAILING ADDRES							
CITY, STATE, ZIP	CODE						
CORPORATE ID (I	F ANY)						
IDENTIFICATION O	F PROPERTY						
ADDRESS OF PRO	OPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM			
CITY, COUNTY, ZI	CITY, COUNTY, ZIP CODE						
	ERTY Check and state the prime claim is made for the following proper	ty: (if there are numerous p		list that clearly identifies the			
I	PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE			
Land							
Buildings	and Improvements						
Personal	Property						
Yes No	The lease confers upon the lessee the	he exclusive right to possess	sion and use of the property	<i>I</i> .			
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.							
🗌 Yes 🗌 No	Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.						
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.							

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of 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 I	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the	property		
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA	
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE	
PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR MAILING ADDRESS CITY, STATE, ZIP CODE	HS 13	S-A-	
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	DATE PROPERTY PUT TO EXEMPT USE	
The following property is leased as of Jan etc. Attach a separate listing if necessary.	uary 1 of this year. If personal property is being lease	ed, indicate the type, make, model, serial number,	
(REAL OR PERSONAL)			
	USE		
Yes No The lessee institution has (one dollar) or any other	s the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
I certify (or declare) under penalty of perju	ry under the laws of the State of California that the fo	pregoing and all information hereon, including any	

accompanying statements or documents, is true and correct to the best of 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

