263-B-R03-0519-03000235-1 BOE-263-B (P1) REV. 03 (05-19) <b>LESSEES' EXEMPTION CLAIM</b> Declaration of property information as of 12:01 a.m., January 1, 20	STOOR COLOR	James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721
PROPERTY <b>USED EXCLUSIVELY FOR</b> PUBLIC SC COLLEGES, STATE COLLEGES, STATE UNIVERS UNIVERSITY OF CALIFORNIA [Revenue and Taxation C	ITIES, OR	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing add Г	dress)	
L		To receive the full exemption, this claim mus be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE	IS	SA
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)	A A D	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary The exemption claim is made for the following property: PROPERTY TYPE	<ul> <li>and incidental qualifying uses of (if there are numerous propertie property and the name and add PRIMARY USE</li> </ul>	s, please attach a list that clearly identifies the
Buildings and Improvements		
Personal Property		
<ul> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li>☐ Is the claimant a lessee or operator of state university, or University of Californ University of California purposes?</li> </ul>	real or personal property owned b	
Yes No Does the claimant own personal prope	rty used at this property for public	school purposes?
<b>Note:</b> If requested by the assessor, the claimant shall p	rovide a copy of the lease or agree	ement.
	CERTIFICATION	
	aws of the State of California that uments, is true and correct to the l	best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE
	NT IS SUBJECT TO PUBLIC	

HIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION
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