EF-264-AH-R13-0522-03000108-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION OF AIM

Assessor of Amador County 810 Court Street Jackson, CA 95642

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James B Rooney

PH: (209) 223-6351 FAX: (209) 223-6721

COLLEGE EXEMPTION CLAIM		
This claim is filed for fiscal year 20	20	
(Example: a person filing a timely claim in	January	2011
would enter "2011-2012.")		

Th	is claim must be filed by 5:00 p.m., Feb	ruary 15.					
	CLAIMANT NAME AND MAILING ADDRESS	and an ellin and days and	FOR ASSESSOR'S	S USE ONLY			
	(Make necessary corrections to the printed name	and mailing address)	Received by				
			(Assessor's c	- /			
			of(county of	r city)			
				• •			
	L	_	ON(dat	e)			
If y	ou no longer seek an exemption at this lo	cation, check here	urn this form to the Assessor. Date v	acated:			
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NA	ME OF CLAIMANT						
TIT	LE OF CLAIMANT		DA	YTIME TELEPH	ONE NUMBER		
)			
CO	RPORATE NAME OF THE COLLEGE			_			
\overline{AD}	DRESS (Street, City, County, State, Zip Code)						
		/					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY V	VAS FIR <mark>ST</mark> USE	D BY CLAIMANT		
_							
1.	Owner and operator: (check applicable bo	xes)					
	Claimant is:	☐ Owner only ☐ Operator onl	у				
	and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property				
2.	2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California? YES NO						
3. Is the institution conducted as a non-profit entity?							
٠.	YES NO		V				
1	 Does the institution require for regular adr	nission the completion of a four-year	r high school course or its equivalen	t 2			
т.	YES NO	mission the completion of a four-year	Thigh school course of its equivalent	ι:			
_					. S. Phantana		
5.	Does the institution confer upon its graduat and sciences, or on a course of at least th	res at least one academic or profession records in professional studies, su	onal degree, based on a course of at ch as law, theology, education, med	ieast two year icine, dentistr	s in liberal arts /, engineering,		
	veterinary medicine, pharmacy, architectu				. 0 0,		
	YES NO						
6.	Is the property for which the exemption is	claimed used exclusively for the pu	urposes of education?				
	YES NO						
7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel							
	•	•					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE				
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	LEASE	□OWN		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM