EF-263-B-R04-0522-04000121-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



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25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991

Butte County Assessor

Alyssa Douglass

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

To receive the full exemption, this claim must be filed with the Assessor by February 15. L

if you no longer seek an exemption at this location, check here 🔝 sign and return this form to the Ass	essor. Date vacated:
IDENTIFICATION OF APPLICANT	_
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property.	
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)	
PROPERTY TY <mark>PE PRIMARY USE</mark>	INCIDENTAL USE
Land	
☐ Buildings and Improvements	<u>-</u>
☐ Personal Property	
Yes No Does the lease/agreement confe r upon the lessee the exclusive right to possession and use of the property?	
☐ Yes ☐ No Is the claimant a lessee or operator of real or personal property owned by a public scheduling state university, or University of California that is used exclusively for community colleged University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school purpo	ses?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing accompanying statements or documents, is true and correct to the best of my known	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE ()
	1. /

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

