EF-264-AH-R13-0522-07000104-1 BOE-264-AH (P1) REV. 13 (05-22)

YES

YES

NO

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

This claim must be filed by 5:00 p.m., February 15.	
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	Received by
	(Assessor's designee)
	of(county or city)
	(county or city)
L _	on
If you no longer seek an exemption at this location, check here \square Sign and re	turn this form to the Assessor. Date vacated:
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	0
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Owner and operator: (check applicable boxes)	
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator or	nly
and claims exemption on all Land Buildings and improvements	and/or Personal property
2. Does the above institution qualify as a college or seminary of learning under YES NO	the laws of the State of California?
3. Is the institution conducted as a non-profit entity? YES NO	V
4. Does the institution require for regular admission the completion of a four-ye YES NO	ar high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic or profess and sciences, or on a course of at least three years in professional studies, so veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalist	such as law, theology <mark>,</mark> education, medicine, dentistry, engineering,

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM