EF-264-AH-R13-0522-07000073-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

YES

YES

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 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
	Of(county or city)
L	on
If you no longer seek an exemption at this location, check here Sign and r	eturn this form to the Assessor. Date vacated:
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER ()
CORPORATE NAME OF THE COLLEGE	
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:	only
and claims exemption on all Land Buildings and improvement	s and/or Personal property
2. Does the above institution qualify as a college or seminary of learning under YES NO	r the laws of the State of California?
3. Is the institution conducted as a non-profit entity? YES NO	VUI

and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?

5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts

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

4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?

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.

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM