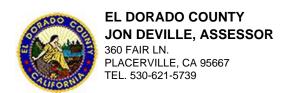
EF-263-A-R07-0617-09000061-1 BOE-263-A (P1) REV. 07 (06-17)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

	commencement date of the lease.
DENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
DENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIP CODE	A <mark>SS</mark> ESSOR'S PARCEL NUMBER
USE OF PROPERTY   √ Check and state the primary and incidental qualifying the primary and	ng uses of the property.
The exemption claim is made for the following property: (if there are numerous property and the name of the name o	us properties, please attach a list that clearly identifies the ne and address of the lessee)
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Land	
☐ Buildings and Improvements	
Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to poss	ession and use of the property.
☐ Yes ☐ No As used herein a qualifying institution is one whose property community college, state college, state university, University of	
Yes No The lessee institution has the option at the end of the lease t (one dollar) or any other nominal sum.	erm of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above statem will result in denial of one time reporting treatment for the exemption. A separa	
CERTIFICATI	ON
I certify (or declare) under penalty of perjury under the laws of the State of Cal accompanying statements or documents, is true and cor	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	OTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the p	property		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT TO EXEMPT USE		
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT  The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL)  PROPERTY DESCRIPTION			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.			
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM  DATE			
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

