EF-264-AH-R13-0522-10000108-1 BOE-264-AH (P1) REV. 13 (05-22)

Fresno County Assessor-Recorder P. O. Box 1146

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Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca.us

Paul Dictos, CPA

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.")

This claim must be filed by 5:00 p.m., Fel	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOR'	S USE ONLY	
		Received by(Assessor's	designee)	
		,	acoignoc)	
		Of(county of	or city)	
		on		
L	_	(da	te)	
If you no longer seek an exemption at this lo	cation, check here Sign and retu	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT		DA	AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE		TV IV		
ADDRESS (Street, City, County, State, Zip Code)				
	Λ Λ Λ			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY I	NAS FIRST USEI	D BY CLAIMANT
4. Owner and anaratory (also also preliable by	avee)			
1. Owner and operator: (check applicable bo	Owner only	V		
and claims exemption on all Land	·	and/or ☐ Personal property	,	
2. Does the above institution qualify as a co				
☐ YES ☐ NO				
3. Is the institution conducted as a non-profi	t entity?	V U I		
Does the institution require for regular add YES NO	mission the completion of a four-year	r high school course or its equivaler	nt?	
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree years in professional studies, su	ch as law, theology, education, med		
		6 1 11 0		
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of education?		
YES NO				
List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	OWN
			LEASE	OWN
			1	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM