EF-264-AH-R13-0522-11000117-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20



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Glenn County Assessor/Clerk/Recorder

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516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988

Phone: (530) 934-6402 FAX: (530) 934-6571

Sendy Perez

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(Example: a person filing a timely claim in Jawould enter "2011-2012.")	anuary 2011	(,			
This claim must be filed by 5:00 p.m., Fe	-	FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	e and mailing address)	Received by			
		of(count	ty or city)		
L	_	on	date)		
If you no longer seek an exemption at this k	ocation, check here Sign and re	turn this form to the Assessor. Date	e vacated:		
NAME OF CLAIMANT	110		Λ		
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			_		
ADDRESS (Street, City, County, State, Zip Code)	Λ Λ Λ				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION	DATE PROPERTY	Y WAS FIR <mark>ST</mark> USE	D BY CLAIMANT	
1. Owner and operator: (check applicable be Claimant is: Owner and operato		nly			
and claims exemption on all Land	☐ Buildings and improvements	and/or	ty		
2. Does the above institution qualify as a co	llege or seminary of learning under	the laws of the State of California?			
3. Is the institution conducted as a non-prof	it entity?	VU			
Does the institution require for regular ad YES NO	mission the completion of a four-year	ar high school course or its equivale	ent?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least the veterinary medicine, pharmacy, architectu	nree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, s	uch as law, theology, education, me			
YES NO					
6. Is the property for which the exemption is YES NO	s claimed used exclusively for the p	ourposes of education?			
List all buildings and other improvements sheet if necessary. Indicate whether leas					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			LEASE	\square OWN	
			LEASE	OWN	
			LEASE	OWN	
			LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM