EF-264-AH-R13-0522-13000055-1 BOE-264-AH (P1) REV. 13 (05-22)

## **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.")



## Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

## This claim must be filed by 5:00 p.m., February 15.

| CLAIMANT NAME AND MAILING ADDRESS                                                                                                                              | -<br>                                  | FOR ASSESSOR'S USE ONLY  Received by  |                               |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-------------------------------|---------------|
| (Make necessary corrections to the printed name                                                                                                                |                                        |                                       |                               |               |
|                                                                                                                                                                | '                                      | (Assesso                              | r's designee)                 |               |
|                                                                                                                                                                |                                        | of(cour                               | nty or city)                  | ĺ             |
|                                                                                                                                                                |                                        | ·                                     | 9/                            |               |
| L                                                                                                                                                              | ٦                                      | on                                    | (date)                        |               |
| If you no longer seek an exemption at this lo                                                                                                                  | cation check here                      | n this form to the Assessor, Dot      | e vacated:                    |               |
| in you no longer seek an exemption at this lo                                                                                                                  | oadon, oneok nere 🔲 olymanu retul      | ii una ioiiii to une Assessor. Dat    | e vacateu                     |               |
| NAME OF CLAIMANT                                                                                                                                               | 118                                    |                                       |                               |               |
| TITLE OF CLAIMANT                                                                                                                                              |                                        |                                       | DAYTIME TELEPHO               | ONE NUMBER    |
| CORPORATE NAME OF THE COLLEGE                                                                                                                                  |                                        |                                       | _                             |               |
| ADDRESS (Street, City, County, State, Zip Code)                                                                                                                | /                                      |                                       |                               |               |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESC                                                                                                                         | RIPTION                                | DATE PROPERT                          | Y WAS FIR <mark>ST</mark> USE | D BY CLAIMANT |
| Owner and operator: (check applicable bo                                                                                                                       | oxes)                                  |                                       |                               |               |
| Claimant is:                                                                                                                                                   |                                        |                                       |                               |               |
| and claims exemption on all Land                                                                                                                               | ☐ Buildings and improvements           | and/or Personal prope                 | rty                           |               |
| 2. Does the above institution qualify as a col                                                                                                                 | lege or seminary of learning under th  | e laws of the State of California?    | 7                             |               |
| 3. Is the institution conducted as a non-profit YES NO                                                                                                         | t entity?                              |                                       |                               |               |
| Does the institution require for regular adr                                                                                                                   | mission the completion of a four-year  | high school course or its equiva      | lent?                         |               |
| YES NO                                                                                                                                                         | and description of a roal year         | g.: 35.155.155.155.155 of its equiva- |                               |               |
| <ol> <li>Does the institution confer upon its graduat<br/>and sciences, or on a course of at least th<br/>veterinary medicine, pharmacy, architectu</li> </ol> | ree years in professional studies, suc | th as law, theology, education, m     |                               |               |
| YES NO                                                                                                                                                         |                                        |                                       |                               |               |
| 6. Is the property for which the exemption is                                                                                                                  | claimed used exclusively for the pur   | poses of education?                   |                               |               |
| YES NO                                                                                                                                                         |                                        |                                       |                               |               |
| 7. 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                         | $\square$ OWN |
|                                                                                                                                                                |                                        |                                       | LEASE                         | $\square$ OWN |
|                                                                                                                                                                |                                        |                                       | □LEASE                        | □ OWN         |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION





