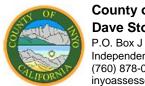
EF-263-A-R06-0612-14000398-1 BOE-263-A (P1) REV. 06 (06-12)

## **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)



## County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

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 d	_ commencement date of the lease.	
DENTIFICATION OF APPLICANT	_	
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	A	
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 PARC <mark>EL</mark> NUMBER	
<b>USE OF PROPERTY</b> Check and state the primary and incidental qualifying uses of the property.		
The exemption claim is made for the following property: (if there are numerous properties, please attack	ch a list that clearly identifies the	
property and the name and address of the less	see)	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the pro	perty.	
☐ Yes ☐ No As used herein a qualifying institution is one whose property qualifies for the free pul community college, state college, state university, University of California, or nonprofit of the free pul community college.		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above (one dollar) or any other nominal sum.	ve property described in the lease for \$1	
<b>Important:</b> A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of e		
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing a accompanying statements or documents, is true and correct to the best of my kno		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-A-R06-0612-1400039

## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	OTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of qualifying use of the present	roperty		
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			
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE	
THE ASSESSOR MAY REQUEST 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			
	USE		
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

