EF-263-B-R03-0519-14000155-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



County of Inyo
Dave Stottlemyre, Assessor

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

| | To receive the full exemption, this claim must |
|---|--|
| L IDENTIFICATION OF ARRUNANT | be filed with the Assessor by February 15. |
| IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME | |
| MAILING ADDRESS | |
| CITY, STATE, ZIP CODE | |
| CORPORATE ID (IF ANY) | |
| IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) | API FI |
| CITY, COUNTY, ZIP CODE | ASSESSOR'S PARCEL NUMBER |
| USE OF PROPERTY Check and state the primary and incid | ental qualifying uses of the property. |
| | are num <mark>ero</mark> us prope <mark>rt</mark> ies, please attach a list that clearly identifies the and the name and address of the lessee) |
| PROPERTY TYPE | PRIMARY USE INCIDENTAL USE |
| Land | |
| ☐ Buildings and Improvements | |
| ☐ Personal Property | |
| ☐ Yes ☐ No Does the lease/agreement confer upon the lesse | e the exclusive right to possession and use of the property? |
| | sonal property owned by a public school, community college, state college, used exclusively for community college, state college, state university, or |
| Yes No Does the claimant own personal property used a | t this property for public school purposes? |
| Note: If requested by the assessor, the claimant shall provide a co | opy of the lease or agreement. |
| | RTIFICATION |
| | State of California that the foregoing and all information hereon, including any true and correct to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | DATE |
| NAME OF PERSON MAKING CLAIM | TITLE |
| E-MAIL ADDRESS | DAYTIME TELEPHONE |

