FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

COUNT OF COUNT

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Laura Avila Kern County Assessor and Recorder 1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

This claim is filed for fiscal year 20_____ - 20_____

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

	L	
NA	AME OF PERSON M	AKING CLAIM TITLE
		OF OWNER OF LAND AND BUILDINGS (if different from above)
NA	AME OF INSTITUTIO	
MA	AILING ADDRESS OF	FINSTITUTION (CITY, STATE, ZIP CODE)
AD	DRESS OF PROPE	RTY (NUMBER AND STREET)
CIT	TY, COUNTY, ZIP CC	DDE LEASE TERMINATION DATE
DA	AYS OF THE WEEK (OPEN TO THE PUBLIC AND HOURS OF OPERATION
\checkmark	Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a copy of the lease or agreement.
	LIBRARY	MUSEUM
1.	Yes 🗌 No	Is admittance to the library or museum free? If no, please explain:
2.	Yes 🗌 No	If a library, is there a user charge for the use of books, periodicals, or facilities?
3.	Yes No	If a museum, is there a charge for viewing the museum contents?
		*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is a user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organization and the use of the property meet all of the requirements for the exemption.
4.	Yes No	Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?
		If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.
5.	Yes 🗌 No	Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:
6.	Yes 🗌 No	Is any equipment or other property at this location being leased or rented from someone else?
		If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.
		The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

	PROPERTY	DESCRIPTIC)N	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED			
Land: (Legal de	escription or map ent tax statement)	book, page	and parcel number	Primary use:			
	,			Incidental use:			
Area: (Acres o	r square feet)						
Buildings and I	mprovements			Primary use:			
Bldg. No. or Name		lo. of Rooms	Type of Construction				
	7	-	//S	Incidental use:			
Personal Property: Describe - include cost and acquisition dates if Primary use: applicable. (Attach a separate sheet if necessary.) Incidental use:							
REMARKS							
	Ľ		0	NOT			
			US	SE!			
	Whom should we contact during normal business hours for additional information?						
NAME				TITLE			
DAYTIME TELEPHONE	<u>-</u>	EMAIL	ADDRESS	I			
				ICATION			
l certify (or decl including	are) under penalty g any accompanyi	γ of perjury ι ing statemer	under the laws of the Stants of the laws of the Stants or documents, is true	te of California that the foregoing and all information contained herein, correct, and complete to the best of my knowledge and belief.			
NAME OF PERSON MA	AKING CLAIM			TITLE			
SIGNATURE OF PERS	ON MAKING CLAIM			DATE			

