EF-264-AH-R13-0522-18000059-1 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.")	Section Cooperation	Nick Ceaglio Lassen County Assessor 220 S Lassen Street Susanville, CA 96130-4324 Phone: (530) 251-8241 http://www.lassencounty.org/dept/assessor/assessor
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) \[\[□ Receiv of _ on	FOR ASSESSOR'S USE ONLY red by
If you no longer seek an exemption at this location, check here NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this for	m to the Assessor. Date vacated:
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and		DATE PROPERTY WAS FIRST USED BY CLAIMANT
 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 		
 4. Does the institution require for regular admission the comple YES NO 5. Does the institution confer upon its graduates at least one acar and sciences, or on a course of at least three years in profes veterinary medicine, pharmacy, architecture, fine arts, comm YES NO 6. Is the property for which the exemption is claimed used exclusion 	demic or professional degre sional studies, such as law, erce, or journalism?	ee, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering,
YES NO		

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN
			OWN
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-18000059-2 BOE-264-AH (P2) REV. 13 (05-22)	
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 YES NO If YES , please explain:	of last year?
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that gene as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must as determined by establishing a ratio of the unrelated business taxable income to the bookstore's g 	ist accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a student booksto	pre?
11. If any business is operated by someone other than the college, attach a copy of the lease or other a	greement. Please explain:
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, property listed is not used exclusively for educational purposes at the collegiate level, please stap property, provide the name and address of the owner. 	
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lesse Taxation Code.	or, see section 202.2 of the Revenue and
 Attach a separate page showing the requirements for admission. A current catalog show substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates degree. Attach a copy of the financial statements (balance sheet and operating statement for the present statement). 	s and the requirements for each
Whom should we contact during normal business hours for additiona	al information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing a	and all information hereon, including any
accompanying statements or documents, is true, correct, and complete to the best of m	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

