EF-264-AH-R13-0522-20000100-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

## **COLLEGE EXEMPTION CLAIM**

- 20

This claim is filed for fiscal year 20 Fax: (559) 675-7654 (Example: a person filing a timely claim in January 2011

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

DERA
Notation 1993
HEART OF CHARGE
COV

**Madera County Assessor** 200 West 4th Street Madera, CA 93637-3548

Phone: (559) 675-7710

**Brett Frazier** 

www.maderacounty.com/government/assessor

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
	(Make necessary corrections to the printed name and mailing address)				
'	l	(Assessed	or's designee)		
		of	nty or city)		
			iny Of Gity)		
L	٦	on	(date)		
If you no longer seek an exemption at this lo	cation check here  Sign and retu	rn this form to the Assessor Do	ite vacated:		
n you no longer seek an exemption at this to	Joanon, Greek Here   Sign and retu	III una ioriii to tre Assessor. Da	iic vacaieu		
NAME OF CLAIMANT		70			
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)	^ ^ <i>^ / / / / / / / / / / / / / / / / /</i>				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	TY WAS FIR <mark>ST</mark> USEI	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	erty		
2. Does the above institution qualify as a col	llege or seminary of learning under the	e laws of the State of California	?		
3. Is the institution conducted as a non-profit	t entity?				
4. Does the institution require for regular add	mission the completion of a four-year	high school course or its equiva	alent?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, suc	ch as law, theology, education, n			
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of education?			
YES NO	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<ol><li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li></ol>	for which exemption is claimed and sed or owned. <b>Please use a separate</b>	state the primary and incidental use claim form for each Assesso	use of each. Attac or's Parcel Numb	h a separate per.	
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM