



**Shelly Scott**  
**Assessor-Recorder-County Clerk**

County of Marin  
P.O. Box C  
San Rafael, CA 94913  
Phone: (415) 473-7215  
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**COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_.  
(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

**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)

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FOR ASSESSOR'S USE ONLY	
Received by _____	(Assessor's designee)
of _____	(county or city)
on _____	(date)

NAME OF CLAIMANT

TITLE OF CLAIMANT

DAYTIME TELEPHONE NUMBER

( )

CORPORATE NAME OF THE COLLEGE

ADDRESS (Street, City, County, State, Zip Code)

ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION

DATE PROPERTY WAS FIRST USED BY CLAIMANT

1. Owner and operator: (check applicable boxes)

Claimant is:  Owner and operator  Owner only  Operator only

and claims exemption on all  Land  Buildings and improvements and/or  Personal property

2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?

YES  NO

3. Is the institution conducted as a non-profit entity?

YES  NO

4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?

YES  NO

5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?

YES  NO

6. Is the property for which the exemption is claimed used **exclusively** for the purposes of education?

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.

LOCATIONS	PRIMARY USE	INCIDENTAL USE

LEASE  OWN  
 LEASE  OWN  
 LEASE  OWN  
 LEASE  OWN  
 LEASE  OWN  
 LEASE  OWN

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?

YES  NO If **YES**, please explain:

9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income 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 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.

10. Has any of the property listed above been used for business purposes other than a student bookstore?

YES  NO If **YES**, please explain:

11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. 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, and serial number of the property. If the property listed is not **used exclusively** for educational purposes at the collegiate level, please state the other uses of the property. If real 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 lessor, see section 202.2 of the Revenue and Taxation Code.

**ADDITIONAL REQUIRED DOCUMENTATION**

- Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.
- Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.
- Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)

**Whom should we contact during normal business hours for additional 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 and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.*

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

