EF-264-AH-R13-0522-21000107-1 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 timely claim in January 2011 would enter "2011-2012.")



Shelly Scott Assessor-Recorder-County Clerk

P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7215 Fax: (415) 473-6542

County of Marin

This claim must be filed by 5:00 p.m., February 15. FOR ASSESSOR'S USE ONLY CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Received by _ (Assessor's designee) (county or city) on (date) If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated; 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 ☐ Operator only ☐ Owner 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 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 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? 6. Is the property for which the exemption is claimed used exclusively for the purposes of education? YES

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		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM