-264-AH-R13-0522-21000103-1	Shelly Scott				
BOE-264-AH (P1) REV. 13 (05-22)	Assessor-Recorder-County Clerk County of Marin				
COLLEGE EXEMPTION CLAIM	P.O. Box C				
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.")	San Rafael, CA 94913 Phone: (415) 473-7215 Fax: (415) 473-6542				
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)	FOR ASSESSOR'S USE ONLY				
F	Received by				
	of(county or city)				
	on				
L _	(date)				
If you no longer seek an exemption at this location, check here Sign and re	urn this form to the Assessor. Date vacated:				
NAME OF CLAIMANT					
TITLE OF CLAIMANT					
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: <i>(check applicable boxes)</i> Claimant is: Owner and operator Owner only Operator or					
and claims exemption on allLandBuildings 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?				
3. Is the institution conducted as a non-profit entity?					
4. Does the institution require for regular admission the completion of a four-year YES NO	ar high school course or its equivalent?				
5. Does the institution confer upon its graduates at least one academic or profess and sciences, or on a course of at least three years in professional studies, s veterinary medicine, pharmacy, architecture, fine arts, commerce, or journals YES NO	uch as law, theology, education, medicine, dentistry, engineering,				
	urposes of education?				
6. Is the property for which the exemption is claimed used exclusively for the p					

EF

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
			-	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-21000103-2 BOE-264-AH (P2) REV. 13 (05-22)			
	nd/or been completed on this parcel since ase explain:	12:01 a.m., January 1 of last year?	
as defined in section 512 of the Inte	rnal Revenue Code? nost recent tax return filed with the Interna	ent bookstore that generates unrelated business taxable income al Revenue Service must accompany this claim. Property taxes, me to the bookstore's gross income, will be levied.	
	ve been used for business purposes other ase explain:	than a student bookstore?	
11. If any business is operated by som	eone other than the college, attach a copy	of the lease or other agreement. Please explain:	
YES NO	sively for educational purposes at the coll	e? ne type, make, model, and serial number of the property. If the legiate level, please state the other uses of the property. If real	
The benefit of a property tax exem Taxation Code.	ption must inure to the lessee institution. If ADDITIONAL REQUIRED DOC	f taxes paid by the lessor, see section 202.2 of the Revenue and	
substituted.Attach a separate page, or degree.	current catalog, listing the degrees confer	A current catalog showing the requirements may be red upon the graduates and the requirements for each ng statement for the preceding fiscal year.)	
Whom shou	ld we contact during normal business	s hours for additional information?	
NAME			
DAYTIME TELEPHONE	EMAIL ADDRESS		
CERTIFICATION			
Leartify (or declare) under penalty of perium under the laws of the State of California that the foregoing and all information bereon, including any			

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

