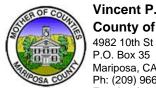
EF-268-B-R10-0514-22000176-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

This claim is filed for fiscal year 20_

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

> A claimant must complete and file this form with the Assessor by February 15.

					•			
	L							
NAI	ME OF PERSON M	AKING CLAIM			TITLE			
1010	ME AND ADDRESS	OF OWNER OF LAND AN	D BUILDINGS (if different from abo	ovol				
INAI	IVIL AND ADDINESS	OF OWNER OF EARD AN	D BOILDINGS (ii dilletent iioni ab	ove)				
NAI	ME OF INSTITUTION	DN						
MA	ILING ADDRESS O	F INSTIT <mark>UT</mark> ION (CIT <mark>Y,</mark> STA	ATE, ZIP CODE)					
	DDESS OF DDODE	RTY (NUMBER AND STRE	EFT\		ASSESSOR'S PARCEL NUMBER			
אטו	DICEOS OF FINORE	INTT (NOMBERTAIND STILL			ASSESSOR'S PARCEL NUMBER			
CIT	Y, COUNTY, ZIP CO	ODE		// / / / /	LEASE TERMINATION DATE			
DAY	YS OF THE WEEK	OPEN TO THE PUBLIC AN	D HOURS OF OPERATION	II L	_ <i> :</i>			
√	1 Check the type	of qualifying exclusive	use of the property. If filing	for the first time, attach a	copy of the lease or agreement.			
_	LIBRARY		SEUM					
_								
1.	∐ Yes ∐ No	is admittance to the	ibrary or museum free? If no	, please explain:				
2.	*Yes No	If a library, is there a	user charge for the use of bo	oo <mark>ks</mark> , periodi <mark>cal</mark> s, or faciliti	es?			
3.	□ *Yes □ No	No If a museum, is there a charge for viewing the museum contents?						
					_			
					for the property, please contact the Assessor's otion is February 15 each year. Where there is a			
					anization and the use of the property meet all of			
		the requirements for						
4.	☐ Yes ☐ No	Is the property, or a p	ortion thereof, for which the e	xemption is claimed a boo	kstore that generates unrelated business taxable			
			section 512 of the Internal R					
		If was a conv of the	institution's most recent tax i	return filed with the Intern	al Revenue Service must accompany this claim.			
					siness taxable income to the bookstore's gross			
		income will be levied			Ţ.			
5.	☐ Yes ☐ No	Is any of the owned p	roperty used for sales or bus	iness purposes other than	a bookstore? If yes, please explain:			
			-					
6.	Yes No	Is any equipment or o	ther property at this location	being leased or rented fro	om someone else?			
		If ves list in the rema	arks section the name and a	ddress of the owner and t	the type, make, model, and serial number of the			
					session is sufficient evidence of use.			
		The base Ct. C	ant of the consequence of the co					
			erty tax exemption must inur or. See section 202.2 of the		; the lessee may be entitled to claim a refund of ode.			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

	PROPERTY DESCRI	PTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED		
Land: (Legal description most recent to	iption or map book, pa ax statement)	age and parcel number	Primary use:		
			Incidental use:		
Area: (Acres or sq.	uare feet)				
Buildings and Impr			Primary use:		
•	No. of No. of Rooms	Type of Construction			
	T	4/5	Incidental use:		
Personal Property: applicable. (Attach a	Describe - include co a separate sheet if nece	ost and acquisition dates	Primary use: Incidental use:		
REMARKS					
	D	O	MOT		
			SE!		
	Whom should we	contact during norma	Il business hours for additional information?		
NAME			TITLE		
DAYTIME TELEPHONE	EN	IAIL ADDRESS			
()					
I certify (or declare) including an	under penalty of perju y accompanying state		FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING			TITLE		
SIGNATURE OF PERSON M	AKING CLAIM		DATE		