EF-263-B-R03-0519-23000171-1

BOE-263-B (P1) REV. 03 (05-19)

## LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20\_\_\_.



MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

Katrina Bartolomie

## PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

	ve the full exemption, this claim must
	with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME	
LESSEE S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
OTH OTHER RID CORE	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property	:
The exemption claim is made for the following property: (if there are numerous properties, please at	
property and the name and address of the I	es <mark>se</mark> e)
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land	
☐ Buildings and Improvements	_
☐ Personal Property	
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession	and use of the property?
Yes No Is the claimant a lessee or operator of real or personal property owned by a public so state university, or University of California that is used exclusively for community coll University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school purp	ooses?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing accompanying statements or documents, is true and correct to the best of my kind of the state of the laws of the State of California that the foregoing accompanying statements or documents, is true and correct to the best of my kind of the state of the state of California that the foregoing accompanying statements or documents, is true and correct to the best of my kind of the state of t	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF DEDGON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

