EF-264-AH-R13-0522-23000115-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**



501 Low Gap Road, Room 1020

**MENDOCINO COUNTY ASSESSOR** 

LEASE

 $\square$  OWN

Ukiah, CA 95482

**Katrina Bartolomie** 

Telephone: (707) 234-6800 Fax: (707) 463-6597

## This claim is filed for fiscal year 20

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., Feb	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOI	R'S USE ONLY	
		Received by	r's designee)	
		,	s designee)	
		of(coun	ty or city)	
		on		
L	لـ	OII	(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	ırn this form to the Assessor. Dat	e vacated:	
NAME OF CLAIMANT	110	10		
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable bo	(yes)			
	☐ Owner only ☐ Operator onl	V		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal proper	ty	
2. Does the above institution qualify as a col	lege or seminary of learning under t	ne laws of the State of California?		
3. Is the institution conducted as a non-profit  YES NO	t entity?	VU		
Does the institution require for regular adr     YES  NO	mission the completion of a four-yea	r high school course or its equival	ent?	
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, su	ch as law, theology, education, m		
	alaine does does does look for the con-			
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	irposes of education?		
YES NO				
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	□ OWN
			LEASE	OWN
			LEASE	OWN
			□ LEASE	□OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

NAME OF PERSON MAKING CLAIM

DATE

