EF-263-A-R06-0612-25000362-1 BOE-263-A (P1) REV. 06 (06-12)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



## Cheri Budmark Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

DENTIFICATION OF APPLICANT  LESSOR'S CORPORATE OR ORGANIZATION NAME  MAILING ADDRESS  CITY, STATE, ZIP CODE  CORPORATE ID (IF ANY)  IDENTIFICATION OF PROPERTY  ADDRESS 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 attent) a list that clearly identifies the property and the name and address of the lessee)  PROPERTY TYPE   PRIMARY USE   INCIDENTAL USE    Land   Buildings and Improvements   Personal Property   Personal Property   As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, communuity college, state college, state university. University of Qalifornia, or nongofit college property tax exemption.    Yes   No   The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.  Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.  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 and correct to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  EMAIL ADDRESS  DAYTIME TELEPHONE (  DAYTIME T		commencement date of the lease.	
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EMAIL ADDRESS  DAYTIME TELEPHONE  ( )	NAME OF PERSON MAKING CLAIM	TITLE	
( )	EMAIL ADDRESS	DAYTIME TELEPHONE	
		( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	STIONAL LEGGLE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
✓ Check the type of qualifying use of the present	roperty	
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE
☐ PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT  The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.		
PROPERTY TYPE (REAL OR PERSONAL)  PROPERTY DESCRIPTION		
USE!		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.		
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 and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM DATE		
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE ( )

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