EF-263-B-R02-0810-25000271-1 BOE-263-B (P1) REV. 02 (08-10)

## **LESSEES' EXEMPTION CLAIM**

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

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



## Kristen DePaul 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 the full exemption, this claim must
L	
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
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 incid	dental qualifying uses of the property.
	e are num <mark>ero</mark> us prop <mark>erti</mark> es, please attach a list that clearly identifies the y and the name and address of the lessee)
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
Personal Property	
Yes No Does the lease/agreement confer upon the lesse	ee the exclusive right to possession and use of the property?
	rsonal property owned by a public school, community college, state college, used exclusively for community college, state college, state university, or
Note: If requested by the assessor, the claimant shall provide a c	copy of the lease or agreement.
CE	RTIFICATION
	e State of California that the foregoing and all information hereon, including any strue and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE
<b>&gt;</b>	
NAME OF PERSON MAKING CLAIM	TITLE
F-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

