EF-264-AH-R12-0516-25000164-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



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

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
Ė.	٦	FOR ASSESSOR	'S USE ONLY	
		Received by		
		(Assessor's	s aesignee)	
		of(county	or city)	
L	ل	on	1-4-)	
NAME OF CLAIMANT	110	(a	late)	
TITLE OF CLAIMANT	11.5	D	AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESC.	DIDTION	DATE DEODEDTY	IWAS EIDET LISE	D DV CLAIMANI
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN I
1. Owner and operator: (check applicable book) Claimant is:		ly		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property	у	
2. Does the above institution qualify as a col	lege or seminary of learning under t	the laws of the State of California?		
3. Is the institution conducted as a non-profit YES NO	t entity?	$V \cup I$		
4. Does the institution require for regular adr	mission the completion of a four-year	r high school course or its equivale	nt?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in prof <mark>es</mark> sional studies, su	uch as law, theology, education, me		
YES NO				
6. Is the property for which the exemption is YES NO	claimed used exclusively for the p	urposes of education?		
7. List all buildings and other improvements	for which exemption is alaimed and	atata the primary and incidental us	o of ooob Attac	ah a aanarata
sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and YES NO If YES , please	d/or been completed on this parcel since se explain:	12:01 a.m., January 1 of last year?			
as defined in section 512 of the Intern YES NO If YES , a copy of the institution's mo	al Revenue Code? ost recent tax return filed with the Internal	ent bookstore that generates unrelated business taxable income al Revenue Service must accompany this claim. Property tax me to the bookstore's gross income, will be levied.			
10. Has any of the property listed above YES NO If YES , please	been used for business purposes other to se explain:	than a student bookstore?			
11. If any business is operated by some	one other than the college, attach a copy	of the lease or other agreement. Please explain:			
YES NO If YES, list on a separate sheet the property listed is not used exclusive property, provide the name and add	rely for educational purposes at the collecters of the owner.	ne type, make, model, and serial number of the property. If legiate level, please state the other uses of the property. If f taxes paid by the lessor, see section 202.2 of the Revenue	f real		
substituted.Attach a separate page, or of degree.	urrent catalog, listing the degrees confern	A current catalog showing the requirements may be red upon the graduates and the requirements for each ng statement for the preceding fiscal year.)			
	we contact during normal business				
NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS	I I	—		
()					
CERTIFICATION					
		ornia that the foregoing and all information hereon, including omplete to the best of my knowledge and belief.	any		
SIGNATURE OF PERSON MAKING CLAIM	no or documents, is true, correct, and cor	TITLE			
>		\ \tag{\tau_{\tau}}			
NAME OF PERSON MAKING CLAIM		DATE			

