EF-264-AH-R13-0522-26000062-1 BOE-264-AH (P1) REV. 13 (05-22)

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.")

Barry Beck, Assessor PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Fax: 760-932-5511 Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

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Mono County Office Of The Assessor

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

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	e and mailing address) –	Received by	or's designee)	
		(Assesso	or's designee)	
		of(cour	nty or city)	
L	_	on	(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the Assessor. Da	te vacated:	
NAME OF CLAIMANT				
NAME OF GLAMMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH ()	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	A A A			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable bo	exes)			
Claimant is:		/		
and claims exemption on all Land	☐ Buildings and improvements	and/or	rty	
2. Does the above institution qualify as a col	lege or seminary of learning under the	ne laws of the State of California	?	
3. Is the institution conducted as a non-profit YES NO	t entity?	VU		
4. Does the institution require for regular adr	mission the completion of a four-year	high school course or its equiva	lent?	
YES NO				
5. Does the institution confer upon its graduar and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree years in professional studies, suc	ch as law, theology, education, m		
6. Is the property for which the exemption is	claimed used exclusively for the nu	rnoses of education?		
YES NO	olamica acca exclusively for the pa	rpodes of education.		
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	
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM