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



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)				
	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.			
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS CITY, STATE, ZIP CODE	STA A			
CORPORATE ID (IF ANY)				
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM			
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER			
USE 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 attach a list that clearly identifies the property and the name and address of the lessee)				
PROPERTY TYPE	RIMARY USE INCIDENTAL USE			
Land				
Buildings and Improvements				
Personal Property				
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the property.				
☐ Yes ☐ No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit 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	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	UTIONAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	property			
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	<u> - 11 S 1 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! </u>	S A		
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
The following property is leased as of Januetc. Attach a separate listing if necessary. PROPERTY TYPE (REAL OR PERSONAL)	uary 1 of this year. If personal property is being lease 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 a	any
accompanying statements or documents, is true and correct to the best of my knowledge and belief.	

	()		
EMAILADDRESS	DAYTIME TELEPHONE		
NAME OF PERSON MAKING CLAIM	TITLE		
SIGNATURE OF PERSON MAKING CLAIM	DATE		

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