EF-263-B-R02-0810-27000345-1 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)



## **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

	To receive the full exemption, this claim must
L	be filed with the Assessor by February 15.
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	A <mark>SS</mark> ESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying use	s of the property.
The exemption claim is made for the following property: (if there are numerous property and the name and	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
Yes No Does the lease/agreement confer upon the lessee the exclusive right	t to possession and use of the property?
Yes No Is the claimant a lessee or operator of real or personal property own state university, or University of California that is used exclusively fo University of California purposes?	
Note: If requested by the assessor, the claimant shall provide a copy of the lease or	agreement.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California accompanying statements or documents, is true and correct to	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

