EF-263-B-R02-0810-27000285-1 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

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L		To receive the full exemption, this claim mus be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		, ,
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		N
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE	VIII	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary as	nd incidental qualifying uses of ti	ne property.
The exemption claim is made for the following property:		, please attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement confer upon the	ne lessee the exclusive right to p	ossession and use of the property?
Yes No Is the claimant a lessee or operator of reastate university, or University of California University of California purposes?		a public school, community college, state college, munity college, state college, state university, or
Note: If requested by the assessor, the claimant shall prov	vide a copy of the lease or agree	ment.
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the law accompanying statements or docum		
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E MAIL ADDRESS		DAYTIME TELEBHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

