EF-264-AH-R13-0522-29000107-1 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.")



Rolf D. Kleinhans **Nevada County Assessor**

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950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

Th	sic claim must be filed by 5:00 p.m. Esbauen, 4	-			
	nis claim must be filed by 5:00 p.m., February 1 CLAIMANT NAME AND MAILING ADDRESS	5.	FOR ASSESSOR	'S USE ONLY	,
	(Make necessary corrections to the printed name and mailing	g address)	Received by		
			(Assessor	s designee)	
			of	or city)	
				-: -:- y /	
	L	_	on	late)	
f.	you no longer each an exemption at this location a	book boro Cian and vatu	un this forms to the Assesser Data		
ıу	ou no longer seek an exemption at this location, c	neck here 🔝 Sign and retu	m this form to the Assessor. Date	vacated:	
NΑ	ME OF CLAIMANT				
TIT	TLE OF CLAIMANT			AYTIME TELEPH	ONE NUMBER
CC	DRPORATE NAME OF THE COLLEGE				
٩D	DDRESS (Street, City, County, State, Zip Code)	A // I			
AS	SSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	/\ // L	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
1.	Owner and operator: (check applicable boxes)				
	Claimant is:	vner only Operator only	1		
	and claims exemption on all Land Bu	uildings and improvements	and/or Personal propert	у	
2.	Does the above institution qualify as a college or s	seminary of learning under th	e laws of the State of California?		
	YES NO				
3.	Is the institution conducted as a non-profit entity?				
	YES NO				
4.	Does the institution require for regular admission t	he completion of a four-year	high school course or its equivale	ent?	
	YES NO				
	Does the institution confer upon its graduates at lea				
	and sciences, or on a course of at least three year veterinary medicine, pharmacy, architecture, fine			dicine, dentistr	y, engineering
	YES NO				
6.	Is the property for which the exemption is claimed	used exclusively for the pu	rposes of education?		
	YES NO		,		
	List all buildings and other improvements for which sheet if necessary. Indicate whether leased or own				
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM