

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

Claude Parrish
Orange County Assessor
Civic Center Plaza, Building 11
625 N. Ross Street, Room 142
P.O. Box 628
Santa Ana, CA 92702-0628
(714) 834-2779
www.ocgov.com/assessor

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

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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

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 | PRIMARY USE | INCIDENTAL USE |
|---|-------------|----------------|
| <input type="checkbox"/> Land | | |
| <input type="checkbox"/> Buildings and Improvements | | |
| <input type="checkbox"/> Personal Property | | |

Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?

Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or 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 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



NAME OF PERSON MAKING CLAIM

E-MAIL ADDRESS

DATE

TITLE

DAYTIME TELEPHONE

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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-B-R02-0810-30000400