EF-268-B-R10-0514-30000166-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

O OF THE WAY

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

This claim is filed for fiscal year 20____ - 20__

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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

A claimant must complete and file this form with the Assessor by February 15.

| | | | | | | With the | 10000001 by | Cordary 10. | |
|---------|---------------------|----------------------------|--|--|------------------------|---------------|-------------------|-------------------|--------------|
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| 1 47 (1 | VIE OF FEROOR W | VIIIIVO OLVIIIVI | | | | | | | |
| NAI | ME AND ADDRESS | OF OWNER OF | ELAND AND BUILDING | S (if d <mark>iffe</mark> rent from abov | ve) | | | | |
| NAI | ME OF INSTITUTIO | ON | | | | | | | |
| MAI | ILING ADDRESS O | F INSTITUTION | (CITY, STATE, ZIP COI | DE) | | | | | |
| ADI | DRESS OF PROPE | ERTY (NUMBER | AND STREET) | | | ASS | SESSOR'S PARCE | LNUMBER | |
| CIT | Y, COUNTY, ZIP CO | ODE | | | | LEA | SE TERMINATION | N DATE | |
| DA | S OF THE WEEK | OPEN TO THE F | PUBLIC AND HOURS O | F OPERATION | | | | | |
| | Check the type | of qualifying | exclusive use of the | e property. If filing fo | or the first_time, att | ach a copy | of the lease or a | agreement. | |
| | LIBRARY | | MUSEUM | | | | | | |
| 1. | ☐ Yes ☐ No | Is admittance | e to the library or m | nuseum free? If no. | please explain: | | | | |
| | | | | , | processor, processor | | | | |
| 2. | *Yes No | If a library, is | s there a user charg | ge for the use of boo | oks, periodicals, or | facilities? | | | |
| 3. | *Yes No | If a museum | , is there a charge f | for viewing the mus | eum contents? | | _ | | |
| | | Office imme user charge | a BOE-267, <i>Claim</i> diately. The deadl <mark>in</mark> , a <i>Claim for Wel<mark>far</mark></i> nents for the exe <mark>mp</mark> i | e for time <mark>ly</mark> filing a e <i>Exemp<mark>tion</mark></i> may b | Claim for Welfare E | Exemption is | s February 15 e | each year. Where | e there is a |
| 4. | ☐ Yes ☐ No | | ty, or a portion there efined in section 51 | | | a bookstore | that generates | unrelated busine | ess taxable |
| | | | by of the institution's tes as determined look levied. | | | | | | |
| 5. | ☐ Yes ☐ No | Is any of the | owned property use | ed for sales or busir | ness purposes othe | er than a boo | okstore? If yes, | , please explain: | |
| | | | | | | | | | |
| 6. | ☐ Yes ☐ No | ls any equipr | ment or other prope | rty at this location b | eing leased or rent | ted from sor | meone else? | | |
| | | | the remarks section clusive use" is not r | | | | | | nber of the |
| | | | of a property tax ex y the lessor. See se | | | | essee may be e | entitled to claim | a refund of |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-268-B-R10-0514-3000016

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

| | to also claim the exemption on the Lesso | | | | |
|--|--|--|--|--|--|
| PROP | ERTY DESCRIPTION | STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Primary use: Incidental use: | | | |
| Land: (Legal description of from most recent tax state | or map book, page and parcel number ement) | | | | |
| Area: (Acres or square fe | et) | | | | |
| ☐ Buildings and Improveme | nts | Primary use: | | | |
| Bldg. No. No. of or Name Floors | No. of Type of Rooms Construction | | | | |
| | THIS | Incidental use: | | | |
| Personal Property: Des <mark>cri</mark> applicable. (Attach a sepan | be - include cost and acquisition dates ate sheet if necessary.) | Primary use: Incidental use: | | | |
| EMARKS | | | | | |
| | DO | NOT | | | |
| | | SE! | | | |
| Who | om should we contact during norma | Il business hours for additional information? | | | |
| NAME | | TITLE | | | |
| DAYTIME TELEPHONE | EMAIL ADDRESS | | | | |
| () | | | | | |
| I certify (or declare) under including any accor | | FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief. | | | |
| NAME OF PERSON MAKING CLAIM | | TITLE | | | |
| SIGNATURE OF PERSON MAKING C | AIM | DATE | | | |