EF-263-A-R07-0617-31000152-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



Matthew R. Maynard Placer County Assessor

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

_ commencement da	_ commencement date of the lease.	
DENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	A	
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
DENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE	FISCAL YEAR OF CLAIM 20 20 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 attac property and the name and address of the less		
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No The lease confers upon the lessee the exclusive right to possession and use of the property.		
☐ Yes ☐ No As used herein a qualifying institution is one whose property qualifies for the free put community college, state college, state university, University of California, or nonprofit community college.		
Yes No The lessee institution has the option at the end of the lease term of acquiring the abov (one dollar) or any other nominal sum.	e property described in the lease for \$1	
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of e		
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	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	EXECUTION BY QUALIFYING INSTIT	TOTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the prope	rtv		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS		SA	
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PU	DATE PROPERTY PUT TO EXEMPT USE	
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	ON	
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.			
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 DATE			
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

