EF-263-B-R02-0810-31000349-1 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)



## Matthew R. Maynard Placer County Assessor

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

2980 Richardson Dr

To receive the full exemption, this claim must be filed with the Assessor by February 15. **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 Land ■ Buildings and Improvements Personal Property Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property? Yes \( \text{No} \) 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 DATE NAME OF PERSON MAKING CLAIM DAYTIME TELEPHONE E-MAIL ADDRESS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

