EF-264-AH-R13-0522-31000125-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

Placer County Assessor 2980 Richardson Dr

Matthew R. Maynard

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

| COLLEGE EXEMPTION CLAIM                        |        |     |
|--|--------|-----|
| This claim is filed for fiscal year 20         | - 20   |     |
| (Example: a person filing a timely claim in Ja | anuary | 201 |
| would enter "2011-2012.")                      |        |     |

| This claim must be filed by 5:00 p.m., February 15.  |   |
|--|---|
| CLAIMANT NAME AND MAILING ADDRESS  | FOR ASSESSOR'S USE ONLY   |
| (Make necessary corrections to the printed name and mailing address)                               | Received by   |
|  | (Assessor's designee)   |
|  | of  |
|  | (county or city)  |
|  | on  |
|  | (date)  |
| If you no longer seek an exemption at this location, check here  Sign and return                   | rn this form to the Assessor. Date vacated:                         |
|  |   |
| NAME OF CLAIMANT   |   |
| TITLE OF CLAIMANT  | DAYTIME TELEPHONE NUMBER  |
| CORPORATE NAME OF THE COLLEGE  |   |
| ADDRESS (Street, City, County, State, Zip Code)  |   |
| TIBBLE CO (Girect, Gily, County, State, 21) Code)  |   |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION  | DATE PROPERTY WAS FIRST USED BY CLAIMANT                            |
|  |   |
| Owner and operator: (check applicable boxes)   |   |
| Claimant is:   |   |
| and claims exemption on all Land Buildings and improvements  | and/or Personal property  |
| 2. Does the above institution qualify as a college or seminary of learning under th                | e laws of the State of California?                                  |
| YES NO   |   |
| 2 to the institution conducted as a non-profit antitu?   |   |
| 3. Is the institution conducted as a non-profit entity?  YES NO                                    | V   |
| 4. Does the institution require for regular admission the completion of a four-year                | high school course or its equivalent?                               |
| YES NO   |   |
| 5. Does the institution confer upon its graduates at least one academic or profession              | anal degree hased on a course of at least two years in liberal arts |
| and sciences, or on a course of at least three years in professional studies, suc                  | ch as law, theology, education, medicine, dentistry, engineering    |
| veterinary medicine, pharmacy, architecture, fi <mark>ne</mark> arts, commerce, or journalism      | 1?  |
| YES NO   |   |
| 6. Is the property for which the exemption is claimed used <b>exclusively</b> for the pure         | rposes of education?  |
| YES NO   |   |
| <ol> <li>List all buildings and other improvements for which exemption is claimed and s</li> </ol> | tate the primary and incidental use of each. Attach a separate      |

sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDENTAL USE |       |               |
|-------------------------|-------------|----------------|-------|---------------|
|                         |             |                | LEASE | $\square$ OWN |
|                         |             |                | LEASE | $\square$ OWN |
|                         |             |                | LEASE | $\square$ OWN |
|                         |             |                | LEASE | $\square$ OWN |
|                         |             |                | LEASE | $\square$ OWN |
|                         |             |                | LEASE | $\square$ OWN |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM