EF-264-AH-R13-0522-31000073-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

## **COLLEGE EXEMPTION CLAIM**

This claim must be filed by 5:00 p.m., February 15.

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011

2980 Richardson Dr Auburn CA 95603

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

Matthew R. Maynard

**Placer County Assessor** 

 $\square$  LEASE

 $\square$  LEASE

LEASE

 $\square$  OWN

	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		
	L	٦	(d	ate)	
lf y	ou no longer seek an exemption at this loo	cation, check here   Sign and retu	rn this form to the Assessor. Date	vacated:	
NIA	ME OF CLAIMANT			$\Lambda$	
INA	ME OF CLAIMANT				
TIT	LE OF CLAIMANT		D	AYTIME TELEPHO	ONE NUMBER
CC	RPORATE NAME OF THE COLLEGE			)	
AD	DRESS (Street, City, County, State, Zip Code)	A A A I			
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION	DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
		<del>-\                                    </del>			
	Owner and operator: (check applicable box				
	Claimant is:	<ul><li>☐ Owner only</li><li>☐ Operator only</li><li>☐ Buildings and improvements</li></ul>	and/or ☐ Personal propert	,	
	Does the above institution qualify as a coll				
۷.	YES NO	ege of seminary of learning under th	e laws of the State of California!		
3.	Is the institution conducted as a non-profit	entity?			
	YES NO				
4.	Does the institution require for regular adm	nission the completion of a four-year	high school course or its equivale	nt?	
	YES NO				
	Does the institution confer upon its graduate				
	and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur			dicine, dentistry	y, engineering,
	YES NO				
6.	Is the property for which the exemption is o	claimed used <b>exclusively</b> for the pu	rposes of education?		
	YES NO				
7.	List all buildings and other improvements for	or which exemption is claimed and s	tate the primary and incidental use	e of each. Attac	ch a separate
sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parce					ber.
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

