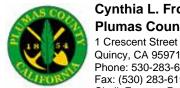
EF-263-A-R07-0617-32000292-1 BOE-263-A (P1) REV. 07 (06-17)

## **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)



## Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

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

_ commencement da	_ commencement date of the lease.	
DENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
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	
CITI, COUNTI, ZIP CODE	ASSESSOR'S PARCEL NOWBER	
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 attack property and the name and address of the less		
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the properties.	perty.	
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 of		
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.	re property described in the lease for \$1	
<b>Important:</b> 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 a accompanying statements or documents, is true and correct to the best of my known to the contract to the best of my known to the contract to the best of my known to the contract to the best of my known to the contract to the best of my known to the contract to the contra	and all information hereon, including any wledge 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	-OR EXECUTION BY QUALIFYING INSTITU	JIIONAL LESSEE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the	property		
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	DATE PROPERTY PUT TO EXEMPT USE	
The following property is leased as of Janetc. Attach a separate listing if necessary.	PLEASE ATTACH A COPY OF THE LEASE AGRE		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
	USE		
Yes No The lessee institution has (one dollar) or any other in		the above property described in the lease for \$1	
	CERTIFICATION  Iry under the laws of the State of California that the fo		
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

