EF-263-B-R02-0810-32000346-1 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)



Cynthia L. Froggatt Plumas County Assessor

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

CindieFroggatt@countyofplumas.com

	To receive the full exemption, this claim must
L	be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	1.54
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 US	E INCIDENTAL USE
Land	V
☐ 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 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	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

