-263-B-R02-0810-32000374-1 E-263-B (P1) REV. 02 (08-10) <b>LESSEES' EXEMPTION CLAIM</b> Declaration of property information as of 12:01 a.m., January 1, 20 PROPERTY <b>USED EXCLUSIVELY FOR</b> 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)	Image: Second system       Cynthia L. Froggatt         Plumas County Assessor       1 Crescent Street         Quincy, CA 95971       Phone: 530-283-6380         Fax: (530) 283-6195       CindieFroggatt@countyofplumas.com
L	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	SIN A
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the primary and incident The exemption claim is made for the following property: (if there are	ASSESSOR'S PARCEL NUMBER Intal qualifying uses of the property. The numerous properties, please attach a list that clearly identifies the
	and the name and address of the lessee)
PROPERTY TYPE	IMARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
	the exclusive right to possession and use of the property? The property owned by a public school, community college, state college, sed exclusively for community college, state college, state university, or
Note: If requested by the assessor, the claimant shall provide a cop	y of the lease or agreement.
I certify (or declare) under penalty of perjury under the laws of the S	tate of California that the foregoing and all information hereon, including any
	rue and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

