EF-263-B-R02-0810-32000253-1 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 reco	eive the full exemption, this claim must
L		d with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		\
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 inci	dental qualifying uses of the proper	ty.
The exemption claim is made for the following property: (if there		attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
□ Voc □ No. Doos the lesse/agreement confer upon the less	on the avaluative right to page and	and use of the property?
Yes No Does the lease/agreement confer upon the less	ee the exclusive right to possession	rand use of the property?
Ver Ne le the element element element element		
Yes No Is the claimant a lessee or operator of real or perstate university, or University of California that is	s used exclusively for community co	school, community college, state college, bllege, 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.	
CI	ERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the accompanying statements or documents, it	e State of California that the forego s true and correct to the best of my	ing and all information hereon, including any knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

