EF-263-B-R04-0522-32000101-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



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Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

Plumas County Assessor

Cynthia L. Froggatt

1 Crescent Street Quincy, CA 95971

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

> To receive the full exemption, this claim must be filed with the Assessor by February 15

	be filed with the Assessor by February 15.
If you no longer seek an exemption at this location, check here Sign and return this form	to the Assessor. Date vacated:
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	\bigcirc \land
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 incidental qualifying uses of the	property.
The exemption claim is made for the following property: (if there are numerous properties, property and the name and address	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
Yes No Does the lease/agreement confer upon the lessee the exclusive right to pos	session and use of the property?
Yes No Is the claimant a lessee or operator of real or personal property owned by a state university, or University of California that is used exclusively for communiversity of California purposes?	
Yes No Does the claimant own personal property used at this property for public sch	nool purposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement	ent.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the accompanying statements or documents, is true and correct to the bes	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

