			ANS CON	Cynthia L. Froggatt
-268-A-R09-052	2-32000069-1			Plumas County Assessor
BOE-268-A (P1) RE			² 18 54 ²	1 Crescent Street Quincy, CA 95971
	IOOL EXEMPTIO			Phone: 530-283-6380
SCHOOL, CO		E LY BY A PUBLIC GE, STATE COLLEGE, STA F CALIFORNIA	TE	Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com
FISCAL YEAR	OF CLAIM 20	20 (see instruct	ions)	
	ND MAILING ADDRESS	inted name and mailing address)		
T			Г	A claimant must complete and file this form with the Assessor by February 15.
L				
If you no longer	seek an exemption a	at this location, check here	Sign and return this	s form to the Assessor. Date vacated:
	L DISTRICT, ORGANIZA	ITION, ETC.		
MAILING ADDRES	S			
CITY, STATE, ZIP C	CODE			
CORPORATE ID (II	FANY)			
	N OF PROPERTY			
NAME OF SCHOO				
ADDRESS OF PRO	OPERTY (NUMBER AND	O STREET)		
CITY, COUNTY, ZIF	P CODE			ASSESSOR'S PARCEL NUMBER
\checkmark Check the ty	/pe of qualify <mark>ing excl</mark>	lusive use of the property		
	SCHOOL		NIVERSITY	STATE COLLEGE
	NITY COLLEGE		SITY OF CALIFORNIA	A
	N OF REAL PROPE			
NAME OF OWNER				
MAILING ADDRES	S			
CITY, STATE, ZIP C	CODE			
🗌 Yes 🦳 No	A copy of the lease	agreement is attached.	DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE
			2.1.1.1	
	I ne lease conters u	pon the lessee the exclusive	right to possess and	use the property.
🗌 Yes 🗌 No	The property, or a pe 512 of the Internal F		ookstore that generate	es unrelated business taxable income as defined in sectio
				e Internal Revenue Service must accompany this affidavit lated business taxable income to the bookstore's gross
	colleges, state univer			n only applies when lessees are public schools, community of this claim after the due date will result in a portion of the
		THIS DOCUMENT IS S	UBJECT TO PUB	LIC INSPECTION

		COME	00
EF-26-	-A-R09-0522-32000069		

BOE-268-A (P2) REV. 09 (05-22)

LEASED PROPERTY AS OF JANUARY 1	NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)
Land (Legal description or map book, page and parcel number)	
Buildings and Improvements	
Personal Property (Describe by type, make, model and serial number. If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessor.)	
CERTIFI	CATION
	of California that the foregoing and all information hereon, including any nd 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
INSTRUCTION	S FOR FILING

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

IMPORTANT NOTICE

A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. (See section 202.2 of the Revenue and Taxation Code.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

FILING OF AFFIDAVIT

To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

IDENTIFICATION OF APPLICANT

Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

IDENTIFICATION OF PROPERTY

Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USE OF PROPERTY

Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

IDENTIFICATION OF OWNER

Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.

