EF-268-B-R10-0514-34000182-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

AUFORNIA.

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

This claim is filed for fiscal year 20____ - 20_

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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

A claimant must complete and file this form with the Assessor by February 15.

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1 47 (1	VIE OF FEROOR W	VIIIIVO OLVIIIVI							
NAI	ME AND ADDRESS	OF OWNER OF	ELAND AND BUILDING	S (if d <mark>iffe</mark> rent from abov	ve)				
NAI	ME OF INSTITUTIO	ON							
MAI	ILING ADDRESS O	F INSTITUTION	(CITY, STATE, ZIP COI	DE)					
ADI	DRESS OF PROPE	ERTY (NUMBER	AND STREET)			ASS	SESSOR'S PARCE	LNUMBER	
CIT	Y, COUNTY, ZIP CO	ODE				LEA	SE TERMINATION	N DATE	
DA	S OF THE WEEK	OPEN TO THE F	PUBLIC AND HOURS O	F OPERATION					
	Check the type	of qualifying	exclusive use of the	e property. If filing fo	or the first_time, att	ach a copy	of the lease or a	agreement.	
	LIBRARY		MUSEUM						
1.	☐ Yes ☐ No	Is admittance	e to the library or m	nuseum free? If no.	please explain:				
				,	processor, processor				
2.	*Yes No	If a library, is	s there a user charg	ge for the use of boo	oks, periodicals, or	facilities?			
3.	*Yes No	If a museum	, is there a charge f	for viewing the mus	eum contents?		_		
		Office imme user charge	a BOE-267, <i>Claim</i> diately. The deadl <mark>in</mark> , a <i>Claim for Wel<mark>far</mark></i> nents for the exe <mark>mp</mark> i	e for time <mark>ly</mark> filing a e <i>Exemp<mark>tion</mark></i> may b	Claim for Welfare E	Exemption is	s February 15 e	each year. Where	e there is a
4.	☐ Yes ☐ No		ty, or a portion there efined in section 51			a bookstore	that generates	unrelated busine	ess taxable
			by of the institution's tes as determined look levied.						
5.	☐ Yes ☐ No	Is any of the	owned property use	ed for sales or busir	ness purposes othe	er than a boo	okstore? If yes,	, please explain:	
6.	☐ Yes ☐ No	ls any equipr	ment or other prope	rty at this location b	eing leased or rent	ted from sor	meone else?		
			the remarks section clusive use" is not r						nber of the
			of a property tax ex y the lessor. See se				essee may be e	entitled to claim	a refund of

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

	to also claim the exemption on the Lesso				
PROP	ERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Primary use: Incidental use:			
Land: (Legal description of from most recent tax state	or map book, page and parcel number ement)				
Area: (Acres or square fe	et)				
☐ Buildings and Improveme	nts	Primary use:			
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction				
	THIS	Incidental use:			
Personal Property: Des <mark>cri</mark> applicable. (Attach a sepan	be - include cost and acquisition dates ate sheet if necessary.)	Primary use: Incidental use:			
EMARKS					
	DO	NOT			
		SE!			
Who	om should we contact during norma	Il business hours for additional information?			
NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
()					
I certify (or declare) under including any accor		FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.			
NAME OF PERSON MAKING CLAIM		TITLE			
SIGNATURE OF PERSON MAKING C	AIM	DATE			