EF-264-AH-R13-0522-35000101-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20

- 20

440 Fifth St. Rm. 108 Hollister, CA 95023-3893

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San Benito County Assessor

(Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	www.cosb.us/government/assessor
This claim must be filed by 5:00 p.m., February 15.	
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
F	Received by
	of(county or city)
	on
L	(date)
If you no longer seek an exemption at this location, check here Sign and ret	urn this form to the Assessor. Date vacated:
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	Ay /
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Owner and operator: (check applicable boxes)	
Claimant is:	
and claims exemption on all	and/or Personal property
 2. Does the above institution qualify as a college or seminary of learning under YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	the laws of the State of California?
Does the institution require for regular admission the completion of a four-year	ur high school course or its equivalent?
YES NO	
5. Does the institution confer upon its graduates at least one academic or professional sciences, or on a course of at least three years in professional studies, so veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalist with the commerce of the	uch as law, theolog <mark>y,</mark> education, medicine, dentistry, engineering,
YES NO	
6. Is the property for which the exemption is claimed used exclusively for the p	urposes of education?
YES NO	

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM