EF-264-AH-R13-0522-36000108-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS



## **Josie Gonzales Assessor-Recorder-County Clerk**

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307

FOR ASSESSOR'S USE ONLY

Toll Free: (877) 885-7654

(Make necessary corrections to the printed name	e and mailing address)	Received by		
•	·	(Assessor's	designee)	
		of(county	or city)	
		on	,	
L	لـ	(0	ate)	
If you no longer seek an exemption at this lo	ocation, check here  Sign and ret	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			, )	
ADDRESS (Street, City, County, State, Zip Code)	$\Lambda$ $\Lambda$ $\Lambda$			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIMANT				
	<del>-                                     </del>			
1. Owner and operator: (check applicable boxes)  Claimant is: □ Owner and operator □ Owner only □ Operator only				
and claims exemption on all Land Buildings and improvements and/or Personal property				
2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?				
YES NO				
3. Is the institution conducted as a non-profit entity?				
YES NO				
4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?				
∐YES ∐NO				
5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering,				
veterinary medicine, pharmacy, architectu			dicirie, deritisti	y, engineering,
YES NO				
6. Is the property for which the exemption is claimed used <b>exclusively</b> for the purposes 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	□ OWN
			LEASE	□ OWN
			LEASE	OWN
			LEASE	□OWN
			LEASE	□OWN
			LEASE	OWN
		I .		

TITLE

DATE



NAME OF PERSON MAKING CLAIM