EF-263-B-R04-0522-37000057-1 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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San Diego County Assessor 1600 Pacific Highway, Suite 103 San Diego, CA 92101

Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov

Jordan Marks

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 $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

To receive the full exemption, this claim must

be	filed with the Assessor by February 15.
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	
MAILING ADDRESS	5 4
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, please attach a list that clearly identifies the property and the name and address of the lessee)	
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 posse	ssion and use of the property?
Yes No Is the claimant a lessee or operator of real or personal property owned by a pustate university, or University of California that is used exclusively for communium University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school	ol purposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement	t.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the for accompanying statements or documents, is true and correct to the best of	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

