EF-264-AH-R13-0522-37000065-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

**C** 5

San Diego County Assessor 1600 Pacific Highway, Suite 103

San Diego, CA 92101 Phone: (619) 236-3771

**Jordan Marks** 

E-mail: arcc.fgg@sdcounty.ca.gov

 $\square$  LEASE

 $\square$  LEASE

LEASE

 $\square$  OWN

This claim is filed for fiscal year 20 _	20
(Example: a person filing a timely claim would enter "2011-2012.")	in January 201

Th	is claim must be filed by 5:00 p.m., Feb	ruary 15.					
CLAIMANT NAME AND MAILING ADDRESS			FOR ASSESSOR'S USE ONLY				
	(Make necessary corrections to the printed name	and mailing address)	Received by _	(Assessor's o	designee)		
			of	(county o	or city)		
	L	٦	on	(dat	te)		
if y	ou no longer seek an exemption at this lo	cation, check here Sign and retu	urn this form to the	Assessor. Date \	vacated:		
NA	ME OF CLAIMANT	<b>41</b> C					
	LE OF CLAIMANT			DA (	YTIME TELEPH	ONE NUMBER	
CO	RPORATE NAME OF THE COLLEGE				_		
AD	DRESS (Street, City, County, State, Zip Code)	A A A I					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	7	DATE PROPERTY V	WAS FIRST USE	D BY CLAIMANT	
	Owner and operator: (check applicable bo Claimant is:	xes) ☐ Owner only ☐ Operator onl	y				
and claims exemption on all Land Buildings and improvements and/or Personal property							
2.	Does the above institution qualify as a col	ege or seminary of learning under t	he laws of the Sta	te of California?			
3.	Is the institution conducted as a non-profit YES NO	entity?	V	JI			
4.	Does the institution require for regular adr	nission the completion of a four-yea	r high school cours	se or its equivalen	nt?		
	Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architectured YES NO	ree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, su	ch as law, theolog				
6.	Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	urposes of educati	on?			
	YES NO						
7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attac sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.							
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
					LEASE	$\square$ OWN	
					□LEASE	□OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM