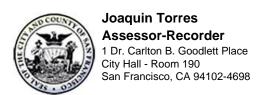
EF-263-A-R06-0612-38000369-1 BOE-263-A (P1) REV. 06 (06-12)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

_ comr	mencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 - 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY  Check and state the primary and incidental qualifying uses of	f the property.
The exemption claim is made for the following property: (if there are numerous property property and the name and ad	ies, please attach a list that clearly identifies the
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and	d use of the property.
☐ Yes ☐ No As used herein a qualifying institution is one whose property qualifies community college, state college, state university, University of California	
Yes No The lessee institution has the option at the end of the lease term of according (one dollar) or any other nominal sum.	quiring the above property described in the lease for \$1
<b>Important:</b> A lessee's affidavit, in which the lessee attests to the above statement(s) is p will result in denial of one time reporting treatment for the exemption. A separate affidavi	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that accompanying statements or documents, is true and correct to the	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
TO BRIE OF T ENOUGH MENTAL OFFINE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	JIIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	property	
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM	STATE COLLEGE	☐ NONPROFIT COLLEGE
☐ PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
The following property is leased as of Janeetc. Attach a separate listing if necessary.	LESSOR MAY REQUEST A COPY OF THE LEASI	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	
	USE	
Yes No The lessee institution has (one dollar) or any other in		the above property described in the lease for \$1
	CERTIFICATION  ry under the laws of the State of California that the fo	
accompanying state SIGNATURE OF PERSON MAKING CLAIM	ments or documents, is true and correct to the best of	of my knowledge and belief.
<b>&gt;</b>		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE  ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

