EF-263-B-R04-0522-38000137-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



Joaquin Torres Assessor-Recorder

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

To receive the full exemption, this claim must be filed with the Assessor by February 15

be I	illed with the Assessor by February 13.
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	no / lococco. Duto vuodicu
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
WAILING ADDITESS	
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 pro	operty.
The exemption claim is made for the following property: (if there are numerous properties, pleat property and the name and address of	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	_
Yes No Does the lease/agreement confe <mark>r u</mark> pon the lessee the exclusive right to possession and use of the property?	
Yes No Is the claimant a lessee or operator of real or personal property owned by a pul	
state university, or University of California that is used exclusively for communit University of California purposes?	ty college, state college, state university, or
Yes No Does the claimant own personal property used at this property for public school	l purposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement	
	•
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 MAII ADDRESS	DAYTIME TELEDIANE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

