EF-264-AH-R13-0522-38000105-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

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

**Assessor-Recorder** 

**Joaquin Torres** 

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

This claim must be filed by 5:00 p.m., rebruary 15.		FOD ASSESS	FOR ASSESSOR'S USE ONLY		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)				
r ·	_	Received by			
		of	unty or city)		
		(CO	unty or city)		
L	_	on	(date)		
If you no longer seek an exemption at this loc	cation, check here 🗌 Sign and reti	urn this form to the Assessor. Do	ate vacated:		
NAME OF CLAIMANT	410	10	$\overline{\Lambda}$		
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			,		
ADDRESS (Street, City, County, State, Zip Code)	A A A I				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	RIPTION	DATE PROPER	RTY WAS FIRST USED	BY CLAIMANT	
1. Owner and operator: (check applicable bo.					
Claimant is:	<ul><li>☐ Owner only</li><li>☐ Operator onl</li><li>☐ Buildings and improvements</li></ul>	y and/or ☐ Personal prop	ertv		
Does the above institution qualify as a coll					
YES NO	oge of serimary of learning arraor t	The law of the state of sumoffice			
3. Is the institution conducted as a non-profit  YES NO	entity?	V U			
Does the institution require for regular adm     YES    NO	nission the completion of a four-year	r high school course or its equiv	ralent?		
5. Does the institution confer upon its graduat and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur	ree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, su	ich as law, theology, education, i			
YES NO					
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of education?			
YES NO					
7. List all buildings and other improvements f sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			□LEASE	$\square$ OWN	
			□LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	$\square$ OWN	
			LEASE	OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM