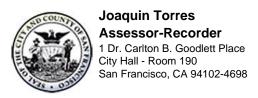
EF-268-B-R11-0522-38000135-1

BOE-268-B (P1) REV. 11 (05-22)

## FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



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

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

A claimant must complete and file this form with the Assessor by February 15.

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If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:			
NAME OF PERSON MAKING CLAIM			
NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTION			
NAME OF INSTITUTION			
MAILING ADDRESS OF INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPERTY (NUMBER AND STREET)  ASSESSOR'S PARCEL NUMBER			
ADDRESS OF PROPERTY (NUMBER AND STREET)  ASSESSOR'S PARCEL NUMBER			
CITY, COUNTY, ZIP CODE LEASE TERMINATION DATE			
DAYS OF THE WEEK OPEN TO THE PUBLIC AND HOURS OF OPERATION			
DATS OF THE WEEK OF EN TO THE PUBLIC AND HOURS OF OPENATION			
Check the type of qualifying exclusive use of the property. If filing for the first time, attach a copy of the lease or agreement.			
LIBRARY			
1. ☐ Yes ☐ No Is admittance to the library or museum free? If no, please explain:			
2. The system of the library, is there a user charge for the use of books, periodicals, or facilities?			
3.   *Yes   No If a museum, is there a charge for viewing the museum contents?			
*If <b>yes</b> , and a BOE-267, Claim for Welfare Exemption, has not been filed for the property, please contact the Assesso			
Office immediately. The dead <mark>lin</mark> e for tim <mark>el</mark> y filing a Claim for Welfare Exemption is February 15 each year. Where there is			
user charge, a <i>Claim for We<mark>lfa</mark>re Exempt</i> ion may be allowed <mark>if both the organiz</mark> ation and the use of the property meet all the requirements for the exemption.			
4. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxa income as defined in section 512 of the Internal Revenue Code?			
If yes, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this cla			
Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's groups will be lovied			
income will be levied.			
5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:			
6. Yes No Is any equipment or other property at this location being leased or rented from someone else?			
If <b>yes</b> , list in the remarks section the name and address of the owner and the type, make, model, and serial number of			
the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.			
The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund			
of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



<ol><li>List only property that is owned. Leased property may also be exe not necessary for the lessor to also claim the exemption on the Lesson</li></ol>	empt if listed under the remarks section below. If leased property is listed, it is sors' Exemption Claim.	
PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use: Incidental use:	
Area: (Acres or square feet)		
	Primary use:	
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction		
THIS	Incidental use:	
Personal Property: Describe - include cost and acquisition dates applicable. (Attach a separate sheet if necessary.)	s if / Primary use: Incidental use:	
REMARKS	NOT	
	SE!	

## Whom should we contact during normal business hours for additional information?

NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		
( )			
CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.			
NAME OF PERSON MAKING CLAIM		TITLE	
SIGNATURE OF PERSON MAKING CLAIM		DATE	

