EF-263-B-R03-0519-40000205-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

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



PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR 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)

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor County Government Center

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

| | To receive the full exemption, this claim must |
|---|---|
| | be filed with the Assessor by February 15. |
| LESSEE'S CORPORATE OR ORGANIZATION NAME | |
| MAILING ADDRESS | |
| 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 | mary and incidental qualifying uses of the property. |
| The exemption claim is made for the following p | erty: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) |
| PROPERTY TYPE | PRIMARY USE INCIDENTAL USE |
| Land | |
| ☐ Buildings and Improvements | |
| ☐ Personal Property | |
| Yes No Does the lease/agreement con | upon the lessee the exclusive right to possession and use of the property? |
| | r of real or personal property owned by a public school, community college, state college, lifornia that is used exclusively for community college, state college, state university, or |
| Yes No Does the claimant own persona | roperty used at this property for public school purposes? |
| Note: If requested by the assessor, the claiman | all provide a copy of the lease or agreement. |
| | CERTIFICATION |
| | the laws of the State of California that the foregoing and all information hereon, including any documents, is true and correct to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | DATE |
| NAME OF PERSON MAKING CLAIM | TITLE |
| E-MAIL ADDRESS | DAYTIME TELEPHONE |