EF-264-AH-R13-0522-40000114-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

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.

CLAIMANT NAME AND MAILING ADDRESS



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

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

FOR ASSESSOR'S USE ONLY

(Make necessary corrections to the printed nam		Received by		
		(Asse	ssor's designee)	
		of	ounty or city)	
		on	•	
L		J 011	(date)	
If you no longer seek an exemption at this lo	ocation, check here  Sign and re	eturn this form to the Assessor. [	Date vacated:	
NAME OF CLAIMANT	716			
TITLE OF CLAIMANT			DAYTIME TELEPHO	NE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	$\Lambda$ $\Lambda$ $\Lambda$			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION	DATE PROPE	RTY WAS FIR <mark>ST</mark> USED	BY CLAIMANT
<ol> <li>Owner and operator: (check applicable be Claimant is:</li></ol>		anly.		
and claims exemption on all Land	•	•	perty	
2. Does the above institution qualify as a co				
YES NO				
3. Is the institution conducted as a non-prof	it en <mark>tit</mark> y?	<b>V U J</b>		
YES NO				
4. Does the institution require for regular ad	mission the completion of a four-ye	ear high school course or its equi	valent?	
YES NO				
5. Does the institution confer upon its gradua				
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture.			medicine, dentistry,	engineering,
YES NO				
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the	purposes of education?		
YES NO				
7. List all buildings and other improvements	for which exemption is claimed an	d state the primary and incidenta	I use of each. Attach	n a separate
sheet if necessary. Indicate whether leas				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			LEASE	



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM