EF-264-AH-R13-0522-42000111-1 BOE-264-AH (P1) REV. 13 (05-22)



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159

Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310

## **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.")

his claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	and mailing address)	Received by		
		(Assessor	r's designee)	
		of(coun	ty or city)	
		on		
L	لـ		'date)	
f you no longer seek an exemption at this loo	cation, check here   Sign and ret	urn this form to the Assessor. Dat	e vacated:	
INTEREST OF ALMANET				
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			( )	
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	Y WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
	<b>4////</b>			
. Owner and operator: (check applicable bo	xes)			
Claimant is:	Owner only Operator on			
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal proper		
2. Does the above institution qualify as a coll  YES NO	ege or seminary of learning under	the laws of the State of California?		
B. Is the institution conducted as a non-profit	entity?			
YES NO	Criuty:	V		
4. Does the institution require for regular adn	nission the completion of a four-yea	r high school course or its equival	ent?	
YES NO				
5. Does the institution confer upon its graduat	es at least one academic or profess	ional degree, based on a course of	at least two year	s in liberal arts
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture			edicine, dentistr	y, engineering
YES NO	c, into arts, commerce, or journalis			
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	or which exemption is claimed and	state the primary and incidental up	se of each Attac	ch a senarate
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	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM