EF-264-AH-R13-0522-42000055-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

County Clerk, Recorder and Assessor P.O. Box 159

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

Joseph E. Holland

COLLEGE EXCIVIT FIGHT CLAIM
This claim is filed for fiscal year 20 20
(Example: a person filing a t imely claim in January 201 would enter "2011-2012.")
This claim must be filed by 5:00 n m. February 15

CI AIMANT NAME AND MAILING ADDRESS	ridary 10.	FOR ASSESSOR'S	S USE ONLY	•	
	(Make necessary corrections to the printed name and mailing address)				
I	٦	Received by			
		of(county of	or city)		
			n city)		
L	٦	ON(dat	fe)		
If you no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the Assessor. Date v	/acated:		
NAME OF CLAIMANT	41 C	10	Λ		
TITLE OF CLAIMANT		DA (YTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE		TV.	,		
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY V	VAS FIR <mark>ST</mark> USE	D BY CLAIMANT	
Owner and operator: (check applicable bo	oxes)				
Claimant is: Owner and operator Owner only Operator only					
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property			
2. Does the above institution qualify as a col	lege or seminary of learning under the	ne laws of the State of California?			
3. Is the institution conducted as a non-profit YES NO	t entity?	VUI			
4. Does the institution require for regular adr	mission the completion of a four-year	high school course or its equivalent	t?		
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree years in professional studies, su	ch as law, theology, education, med			
		omenana of advantion O			
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of education?			
7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			LEASE	OWN	
			LEASE	\square OWN	
			LEASE	OWN	
			LEASE	\square OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM