EF-263-B-R04-0522-43000108-1 BOE-263-B (P1) REV. 04 (05-22)

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) Lawrence E. Stone **Santa Clara County Assessor**

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

To receive the full exemption, this claim must be filed with the Assessor by February 15.

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If you no longer seek an exemption at this locati	on, check here $\ \ \ $ Sign and return this form to the A	Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		7
MAILING ADDRESS		A
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	1 // // P	
CITY, COUNTY, ZIP CODE	TIVII L	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the proper	ty.
The exemption claim is made for the following p	roperty: (if there are numerous properties, please a property and the name and address of the	
PROPERTY TY <mark>PE</mark>	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		_
	fer upon the lessee the exclusive right to possession	
	rator of real or personal property owned by a public f California that is used exclusively for community co es?	
Yes No Does the claimant own persona	al property used at this property for public school pur	rposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the forego s or documents, is true and correct to the best of my	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

