EF-264-AH-R13-0522-43000108-1 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.")

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TH	AIII	On
*		A A
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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

FOR ASSESSOR'S USE ONLY

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name	and mailing address)	Received by		
,	I	(Assessor's	designee)	
		of(county	or city)	
		on		
L	٦	(da	ate)	
If you no longer seek an exemption at this loo	cation, check here 🗌 Sign and retu	rn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT		D	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE)	
ADDRESS (Street, City, County, State, Zip Code)	Λ Λ Λ			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	RIPTION	DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
	 			
 Owner and operator: (check applicable bo Claimant is: ☐ Owner and operator 				
and claims exemption on all Land	☐ Buildings and improvements	and/or ☐ Personal property	/	
2. Does the above institution qualify as a coll				
YES NO				
3. Is the institution conducted as a non-profit	entity?	V 		
YES NO				
4. Does the institution require for regular adr	nission the completion of a four-year	high school course or its equivale	nt?	
YES NO				
5. Does the institution confer upon its graduat and sciences, or on a course of at least the				
veterinary medicine, pharmacy, architectur			aiomo, acmion	y, engineering,
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements in				
sheet if necessary. Indicate whether lease BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	s Parcei Numi	ber.
BUILDING & IMPROVEMENTS	PRIMARI USE	INCIDENTAL 03E	LEASE	OWN
			LEASE	□ OWN
			LEASE	□ OWN
			LEASE	OWN
			LEASE	□OWN
			LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM