EF-264-AH-R13-0522-44000112-1 BOE-264-AH (P1) REV. 13 (05-22)



701 Ocean Street, Rm. 130 Santa Cruz, CA 95060

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Sheri Thomas

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County of Santa Cruz Assessor

COLLEGE EXEMPTION CLA	IM
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., Fel	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed nam	e and mailing address)	Received by		
1	'	(Assessor	's designee)	
		of		
		(count	y or city)	
L	ı	on	date)	
_	_	ľ	uaic)	
f you no longer seek an exemption at this lo	ocation, check here 🗌 Sign and retu	urn this form to the Assessor. Date	e vacated:	
NAME OF CLAIMANT	-1 1 C .			
TITLE OF CLAIMANT			OAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	A A /			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	PRICE	DATE DROPERTY	WAS FIRST USE	D DV CLAIMANIT
ASSESSOR'S FARCEL NUMBER OF LEGAL DESC	AP IION	DATE PROPERT	TWAS FIRST USE	D BT CLAIMANT
4. Owner and an areton (also also relicable to				
 Owner and operator: (check applicable both claimant is:		V		
and claims exemption on all Land	•	and/or ☐ Personal proper	ty	
2. Does the above institution qu <mark>al</mark> ify as a co	llege or seminary of learning under t	he laws of the State of California?		
☐ YES ☐ NO				
3. Is the institution conducted as a non-profi	t entity?	$\mathbf{V} \mathbf{V} \mathbf{J} \mathbf{J}$		
YES NO				
4. Does the institution require for regular ad	mission the completion of a four-yea	r high school course or its equivale	ent?	
YES NO				
5. Does the institution confer upon its gradua				
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture.			edicine, dentistry	y, engineering
YES NO	ire, line arts, commerce, or journalish			
		was a second a describer 0		
6. Is the property for which the exemption is	claimed used exclusively for the pu	urposes of education?		
YES NO				
List all buildings and other improvements 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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM