EF-264-AH-R13-0522-44000055-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

OF SAMP CHECK

County of Santa Cruz Assessor 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060

Santa Cruz, CA 95060 Phone: 831-454-2002

Sheri Thomas

Email: asrwebmail@co.santa-cruz.ca.us

OOLLEGE EXEMIT HON OLAM	
This claim is filed for fiscal year 20	20
(Example: a person filing a timely claim in	January 201
would enter "2011-2012.")	

This claim must be filed by 5:00 p.m., Fel	bruary 15.			
CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSI	ESSOR'S USE ONLY	•
(Make necessary corrections to the printed nam	e and mailing address) –			
			(Assessor's designee)	
		of	(county or city)	
			(ocumy or only)	
L	_	J on	(date)	
f you no longer seek an exemption at this lo	ocation, check here Sign and re	turn this form to the Assesso	or. Date vacated:	
NAME OF CLAIMANT				
VAIVE OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
			()	
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
and the state of t	Λ Λ Λ			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION	DATE PR	OPERTY WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: (check applicable be	oxes)			
Claimant is:	r ☐ Owner only ☐ Operator o	nly		
and claims exemption on all Land	☐ Buildings and improvements	and/or 🔲 Personal	property	
2. Does the above institution qu <mark>ali</mark> fy as a co	llege or seminary of learning under	the laws of the State of Cali	fornia?	
YES NO				
3. Is the institution conducted as a non-profi	it entity?	\		
YES NO		V		
4. Does the institution require for regular ad	mission the completion of a four-ve	ar high school course or its	eguivalent?	
YES NO	mission the completion of a four-ye	ai nigh school course of its t	squivalent:	
Does the institution confer upon its gradua and sciences, or on a course of at least tr				
veterinary medicine, pharmacy, architectu			don, modionio, dondou	y, ongoog
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the	ourposes of education?		
YES NO	,	·		
List all buildings and other improvements sheet if necessary. Indicate whether leas				
	1			DCI.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			LEASE	
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM