QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 Intra_County toll free: 1(800)479-8009

(Make necessary corrections to the printed name and mailing address)	Г
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE	FISCAL YEAR OF CLAIM 20 ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental	
The exemption claim is made for the following property: <i>(if there are r property and</i>	numerous properties, please attach a list that clearly identifies the the the name and address of the lessee)
PROPERTY TYPE PRIM	ARY USE INCIDENTAL USE
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive right	to possession and use of the property.
	property qualifies for the free public library, free museum, public school, versity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of the (one dollar) or any other nominal sum.	lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above will result in denial of one time reporting treatment for the exemption. A	statement(s) is provided. Failure to submit/complete the lessee's affidavit separate affidavit is required of each lessee.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FC	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
$\overline{\checkmark}$ Check the type of qualifying use of the p	roperty		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE	
PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CITT, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE	
etc. Attach a separate listing if necessary.	ry 1 of this year. If personal property is being lease	ed, indicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	V	
	USE		
Yes No The lessee institution has the (one dollar) or any other no	he option at the end of the lease term of acquiring minal sum.	the above property described in the lease for \$1	
CERTIFICATION			

I certify (or declare) une	ler penalty of perjury under the laws of the State of California that the foregoing and all information hereon, inc	luding any
a	ccompanying statements or documents, is true and correct to the best of my knowledge and belief.	

	()	
EMAILADDRESS	DAYTIME TELEPHONE	
NAME OF PERSON MAKING CLAIM	TITLE	
SIGNATURE OF PERSON MAKING CLAIM	DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

