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LESSEES' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

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)]

(Make necessary corrections to the printed name and mailing address)



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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

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

If you no longer seek an exemption at this location, check here 🦳 Sign and return this form to the Assessor. Date vacated:___

IDENTIFICATION OF APPLICANT	_
LESSEE'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	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the prope	erty.
The exemption claim is made for the following property: <i>(if there are numerous properties, please property and the name and address of the second se</i>	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Buildings and Improvements	
Personal Property	_
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession	on and use of the property?
Yes ☐ No Is the claimant a lessee or operator of real or personal property owned by a public state university, or University of California that is used exclusively for community of University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school p	urposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foreg accompanying statements or documents, is true and correct to the best of m	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

