EF-263-B-R04-0522-46000107-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



Ms. Laura Marshall **Sierra County Assessor**

100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

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

L	be	filled with the Assessor by February 15.
If you no longer seek an exemption at this locati	ion, check here Sign and return this form to	the Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	11.	5 4
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE	TIVII L	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pr	roperty.
The exemption claim is made for the following p	property: (if there are num <mark>ero</mark> us properties, ple property and the name and <mark>address</mark> of	
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		_
☐ Personal Property		
Yes No Does the lease/agreement con	fe <mark>r u</mark> pon the l <mark>es</mark> see <mark>the</mark> exclusive ri <mark>ght to posse</mark>	ssion and use of the property?
Yes No Is the claimant a lessee or ope state university, or University of University of California purpose	rator of real or personal property owned by a pu f California that is used exclusively for communi es?	ublic school, community college, state college, ity college, state college, state university, or
Yes No Does the claimant own person	al property used at this property for public school	ol purposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreemen	t.
	CERTIFICATION	
	der the laws of the State of California that the fo s or documents, is true and correct to the best o	regoing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

