EF-264-AH-R13-0522-46000101-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Sierra County Assessor 100 Courthouse SQ Downieville, CA 95936-8

Ms. Laura Marshall

Phone: (530) 289-3283

 \square LEASE

 \square OWN

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., Feb	ruary 15.			
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	and mailing address)	Received by		
		(Assessor	's designee)	
		Of(count	y or city)	
		on	date)	
L	_	(0	nate)	
If you no longer seek an exemption at this loo	cation, check here 🗌 Sign and ret	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT	+		\overline{A}	
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	RIPTION	DATE PROPERTY	'WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: (check applicable bo				
Claimant is:	Owner only Derator on			
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal proper		
Does the above institution qualify as a coll YES NO	ege or seminary of learning under	the laws of the State of California?		
3. Is the institution conducted as a non-profit YES NO	entity?	VU		
Does the institution require for regular adm YES NO	nission the completion of a four-year	ar high school course or its equivale	ent?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least thi				
veterinary medicine, pharmacy, architectur			, aronio, acritica	y, engineering
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of education?		
YES NO				
7. List all buildings and other improvements f sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LIEVSE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM