	TY OF SIG	Craig S. Kay
EF-264-AH-R13-0522-47000116-1	CUT TO THE TOP	Siskiyou County Assessor-Recorder
BOE-264-AH (P1) REV. 13 (05-22)	18 52	311 Fourth Street, Room 108 Yreka, CA 96097-2984
COLLEGE EXEMPTION CLAIM		Telephone (530) 842-8036
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	ALIFORNI	
This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	□ Rec	eived by
		(Assessor's designee)
	of	(county or city)
		(county of city)
L	on	(date)
If you no longer seek an exemption at this location, check here	Sign and return this	form to the Assessor. Date vacated:
NAME OF CLAIMANT		
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip Code)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)		
	Operator only	
	nd improvements and/	or Personal property
2. Does the above institution qualify as a college or seminary of	of learning under the laws	of the State of California?
YES NO	Ŭ	
3. Is the institution conducted as a non-profit entity?		
<ol> <li>Does the institution require for regular admission the completion</li> </ol>	otion of a four year high a	abaal aauraa ar ita aguiyalant?
YES NO	stion of a four-year high s	
<ol> <li>Does the institution confer upon its graduates at least one aca and sciences, or on a course of at least three years in profest</li> </ol>		
veterinary medicine, pharmacy, architecture, fine arts, comm		an, monogy, education, modeline, dentistry, engineering,
YES NO		
<ol> <li>Is the property for which the exemption is claimed used exc</li> </ol>	lusively for the purposes	of education?

- YES NO
- 7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE	INCIDENTAL USE	
			OWN

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-АН-R13-0522-47000116 BOE-264-АН (Р2) REV. 13 (05-22)	-2			
	enced and/or been completed on this parc <b>/ES</b> , please explain:	cel since 12:01 a.m., January 1 of last year?		
as defined in section 512 of YES NO If <b>YES</b> , a copy of the instit	the Internal Revenue Code? ution's most recent tax return filed with the	a student bookstore that generates unrelated business taxable inco e Internal Revenue Service must accompany this claim. Property ta		
as determined by establis	ning a ratio of the unrelated business taxal	ble income to the bookstore's gross income, will be levied.		
	ted above been used for business purpose <b>/ES</b> , please explain:	es other than a student bookstore?		
11. If any business is operated	by someone other than the college, attac	h a copy of the lease or other agreement. Please explain:		
YES NO If <b>YES</b> , list on a separate property listed is not <b>use</b>		eone else? er and the type, make, model, and serial number of the property. If t the collegiate level, please state the other uses of the property. If		
The benefit of a property to Taxation Code.	ax exemption must inure to the lessee insti ADDITIONAL REQUIR	itution. If taxes paid by the lessor, see section 202.2 of the Revenue		
substituted.		nission. A current catalog showing the requirements may be		
degree.		es conferred upon the graduates and the requirements for each		
	e infancial statements (balance sheet and	operating statement for the preceding liscal year.)		
Whor	n should we contact during normal b	usiness hours for additional information?		
DAYTIME TELEPHONE	EMAIL ADDRESS			
CERTIFICATION				
I certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information bereon including any				

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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE

NAME OF PERSON MAKING CLAIM	DATE

