EF-264-AH-R13-0522-47000062-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

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.")



Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

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)	乛	Received by
		Of(county or city)
L	_	on
f you no longer seek an exemption at this location, check here 🗌 Sign a	nd retur	n 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
Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only □ Opera	ator only	
and claims exemption on all Land Buildings and improvem	,	and/or Personal property
2. Does the above institution qualify as a college or seminary of learning unity YES NO 3. Is the institution conducted as a non-profit entity? YES NO	under the	e laws of the State of California?
4. Does the institution require for regular admission the completion of a fo YES NO	ur-year	high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic or prand sciences, or on a course of at least three years in professional study veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal to the commerce of the co	lies, suc	h as law, theology, education, medicine, dentistry, engineering
YES NO		
6. Is the property for which the exemption is claimed used exclusively for	r the pur	poses of education?

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.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



YES

NO

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM