EF-264-AH-R13-0522-49000144-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

Sonoma County Clerk-Recorder-Assessor Rm 104 Fiscal Bldg

LEASE

585 Fiscal Dr.

**Deva Marie Proto** 

Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

www.sonoma-county.org/assessor

This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")
This claim must be filed by 5:00 p.m., February 15.  CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	e and mailing address)	Received by		
		(Assessor	r's designee)	
		of(count	ty or city)	
		on		
L			date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the Assessor. Date	e vacated:	
NAME OF CLAIMANT				
NAIVIE OF CLAIIVIAINT				
TITLE OF CLAIMANT			DAYTIME TELEPHONE NUMBER	
CORPORATE NAME OF THE COLLEGE			, ,	
ADDRESS (Street, City, County, State, Zip Code)	$\Lambda$ $\Lambda$ $\Lambda$ $I$			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIMANT				
	<del></del>			
1. Owner and operator: (check applicable bo				
and claims exemption on all Land	<ul><li>☐ Owner only</li><li>☐ Operator only</li><li>☐ Buildings and improvements</li></ul>	and/or ☐ Personal proper	tv	
2. Does the above institution qualify as a col				
YES NO				
3. Is the institution conducted as a non-profit	t entity?			
YES NO				
4. Does the institution require for regular adr	mission the completion of a four-year	high school course or its equivalent	ent?	
YES NO				
5. Does the institution confer upon its graduat and sciences, or on a course of at least th				
veterinary medicine, pharmacy, architectu			saleine, deritistry, engineering,	
YES NO				
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements				
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 OWN	
			☐ LEASE ☐ OWN ☐ LEASE ☐ OWN	
			LEASE OWN	
			□ LEASE □ OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION





