EF-264-AH-R13-0522-50000102-1 BOE-264-AH (P1) REV. 13 (05-22) County

Stanislaus County Assessor

Don H. Gaekle

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Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

LEASE

 $\square$  OWN

## COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

Th	nis 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)		٦	Received by			
					aesignee)		
				of(county	or city)		
				on			
	L	-	J	(d	ate)		
fу	ou no longer seek an exemption at this loo	cation, check here 🗌 Sign and re	etur	n this form to the Assessor. Date	vacated:		
NA	ME OF CLAIMANT						
ТΙΤ	TLE OF CLAIMANT				AYTIME TELEPHO	ONE NUMBER	
CC	DRPORATE NAME OF THE COLLEGE						
AD	DDRESS (Street, City, County, State, Zip Code)						
		$\Lambda$ $\Lambda$ $\Lambda$					
AS	SSESSOR'S PARCEL NUMB <mark>ER OR LEG</mark> AL DESO	RIPTION	<u> </u>	DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT	
_	0						
	Owner and operator: (check applicable bo. Claimant is:    Owner and operator		nlv				
	and claims exemption on all Land	☐ Buildings and improvements	•	and/or Personal property	<i>y</i>		
2.	Does the above institution qualify as a coll	ege or seminary of learning under	th	e laws of the State of California?			
3	Is the institution conducted as a non-profit	entity?	7				
٥.	YES NO	entity:					
4.	Does the institution require for regular adn  YES NO	nission the completion of a four-ye	ear	high school course or its equivale	nt?		
	Does the institution confer upon its graduat						
	and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture				dicine, dentistry	y, engineering	
	YES NO						
6.	Is the property for which the exemption is	claimed used <b>exclusively</b> for the	pur	poses of education?			
	YES NO	,,	J	<b>,</b>			
7	List all buildings and other improvements f	or which exemption is claimed an	d 0	tate the primary and incidental us	of each Attac	sh a congrato	
	sheet if necessary. Indicate whether lease						
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENTAL USE			
					LEASE	$\square$ OWN	
					LEASE	$\square$ OWN	
					LEASE	$\square$ OWN	
					LEASE	$\square$ OWN	
					LEASE	$\square$ OWN	



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM