EF-264-AH-R13-0 BOE-264-AH (P1

This claim is

COLLEGE

County of Tehama Assessor 444 Oak Street - Room B

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P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931

Kenneth L. Brown

0522-52000107-1 I) REV. 13 (05-22)		
EXEMPTION CLAIM		1
filed for fiscal year 20	- 20	TUFO

	xample: a person filing a t imely claim in Ja ould enter "2011-2012.")	nuary 2011		Fax (530) 529-4019				
Th	nis claim must be filed by 5:00 p.m., Feb	oruary 15.		EOD ASSESSOR	YE LISE ONLY	,		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name		e and mailing address)		FOR ASSESSOR	3 USE UNLI			
	, , , , , , , , , , , , , , , , , , ,	,	\neg	Received by	s designee)			
				(Assessor	s designee)			
				of(county	or city)			
				,,,,,	,			
	L			on	late)			
ıf,	ou no longer seek an exemption at this lo	action shock here Circ	a m al matrice	n this form to the Assesser Date				
II y	you no longer seek an exemption at this lo	cation, check here Sign	and retur	n this form to the Assessor. Date	vacated:			
NΑ	AME OF CLAIMANT							
TIT	TLE OF CLAIMANT			- I	AYTIME TELEPH	ONE NUMBER		
)			
CC	DRPORATE NAME OF THE COLLEGE				_			
AD	DDRESS (Street, City, County, State, Zip Code)							
		Λ Λ I						
AS	SSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT		
1	Owner and operator: (check applicable bo	oves)			_ =			
	Claimant is:		rator only					
	and claims exemption on all Land	☐ Buildings and improve	-	and/or Personal propert	V			
					y			
2.	Does the above institution qualify as a col	lege or seminary of learning	under the	e laws of the State of California?				
	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 f	four-vear	high school course or its equivale	ent?			
	YES NO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_								
	Does the institution confer upon its gradual and sciences, or on a course of at least th							
	veterinary medicine, pharmacy, architectu				dicine, dentisti	y, engineening,		
	YES NO							
6	Is the property for which the exemption is	elaimed used avaluativaly f	or the pur	noses of advection?				
0.		ciainled used exclusively in	or the pur	poses of education?				
	YES NO							
7.	List all buildings and other improvements	for which exemption is claim	ned and s	tate the primary and incidental us	e of each. Attac	ch a separate		
	sheet if necessary. Indicate whether lease	ed or owned. Please use a s	separate	claim form for each Assessor	s Parcel Num	ber.		
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENTAL USE				
					LEASE	\square OWN		
					LEASE	\square OWN		
					LEASE	\square OWN		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM