EF-264-AH-R13-0522-52000065-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM



Kenneth L. Brown **County of Tehama Assessor**

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444 Oak Street - Room B P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019

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This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in Ja would enter "2011-2012.")		(5	30) 527-5931 ax (530) 529-4019		
This claim must be filed by 5:00 p.m., Feb	oruary 15.	_			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOR'S USE ONLY			
		Received by _	(Assessor's d	asignee)	
			·	ssignee)	
		of	(county or	city)	
		on			
L	_	011	(date	;)	
If you no longer seek an exemption at this lo	cation. check here	urn this form to the	Assessor, Date v	acated:	
	, sign and said		- Land Control		
NAME OF CLAIMANT				/	
TITLE OF CLAIMANT			DAY	YTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			IV		
ADDRESS (Street, City, County, State, Zip Code)	A A A I				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY W	AS FIRST USE	D BY CLAIMANT
				- /	
Owner and operator: (check applicable both Claimant is: Owner and operator	oxes)	y			
and claims exemption on all Land	☐ Buildings and improvements	and/or 🔲	Personal property		
2. Does the above institution qualify as a col	lege or seminary of learning under t	he laws of the Sta	te of California?		
3. Is the institution conducted as a non-profit YES NO	entity?	V	/		
4. Does the institution require for regular adr	nission the completion of a four-yea	r high school cour	se or its equivalent	:?	
5. Does the institution confer upon its gradual	tes at least one academic or professi	onal degree, base	d on a course of at l	east two year	s in liberal arts
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu			y, education, medi	cine, dentistry	, engineering,
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for the pu	urposes of educati	on?		
YES NO	,	,			
	for which exemption is claimed and	state the primary	and incidental use	of each Attac	h a congrate
List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM