EF-264-AH-R13-0522-54000111-1 BOE-264-AH (P1) REV. 13 (05-22)

YES

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

## **COLLEGE EXEMPTION CLAIM**



County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

## This claim is filed for fiscal year 20 - 20

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This cla	im 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)	Received by		
	of(county or city)		
L	on(date)		
If you no longer seek an exemption at this location, check here $\ $ Sign and r	return this form to the Assessor. Date vacated:		
NAME OF CLAIMANT			
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE	Ay ,		
ADDRESS (Street, City, County, State, Zip Code)  ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable boxes)  Claimant is:   Owner and operator   Owner only   Operator of	only		
and claims exemption on all	ts and/or Dersonal property		
2. Does the above institution qualify as a college or seminary of learning under YES NO	er the laws of the State of California?		
3. Is the institution conducted as a non-profit entity?  YES NO			
4. Does the institution require for regular admission the completion of a four-y  YES NO	year high school course or its equivalent?		
5. Does the institution confer upon its graduates at least one academic or profes and sciences, or on a course of at least three years in professional studies, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal	, such as law, theology <mark>,</mark> education, medicine, dentistry, engineering,		

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



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM