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LESSEES' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

Declaration of property information as of 12:01 a.m., January 1, 20__.

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY

COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

(Make necessary corrections to the printed name and mailing address)



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Keith Taylor ASSESSOR OF VENTURA COUNTY 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

To receive the full exemption, this claim must be filed with the Assessor by February 15.

If you no longer seek an exemption at this location, check here 🦳 Sign and return this form to the Assessor. Date vacated:___

IDENTIFICATION OF APPLICANT		-	_
LESSEE'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)	1///F		
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying	g uses of the property	<u>.</u>
The exemption claim is made for the following pr	operty: (if there are numerous property and the name		
PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE
Land			
Buildings and Improvements			
Personal Property			
Yes No Does the lease/agreement conf	er upon the lessee the exclusive	e right to possession a	and use of the property?
	California that is used exclusive		chool, community college, state college, ege, state college, state university, or
Yes No Does the claimant own persona	I property used at this property	for public school purp	oses?
Note: If requested by the assessor, the claimant	shall provide a copy of the leas	e or agreement.	
	CERTIFICATIO	N	
I certify (or declare) under penalty of perjury und accompanying statements	er the laws of the State of Calif or documents, is true and corre		
SIGNATURE OF PERSON MAKING CLAIM			DATE
NAME OF PERSON MAKING CLAIM			TITLE
E-MAIL ADDRESS			DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

