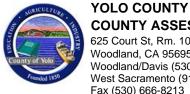
## **QUALIFIED LESSORS' EXEMPTION CLAIM**

NAME AND MAILING ADDRESS

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

(Make necessary corrections to the printed name and mailing address)	
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
<b>USE OF PROPERTY</b> Check and state the primary and inciden The exemption claim is made for the following property: (if there are property at	
PROPERTY TYPE	MARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive rig	ht to possession and use of the property.
	se property qualifies for the free public library, free museum, public school, Iniversity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of t (one dollar) or any other nominal sum.	the lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the abo will result in denial of one time reporting treatment for the exemption	ve statement(s) is provided. Failure to submit/complete the lessee's affidavit . A separate affidavit is required of each lessee.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	UTIONAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	property			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE		
PUBLIC SCHOOL	STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CITT, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
The following property is leased as of Januetc. Attach a separate listing if necessary.	uary 1 of this year. If personal property is being lease			
(REAL OR PERSONAL)				
	USE			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
CERTIFICATION				
-				

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including a	any
accompanying statements or documents, is true and correct to the best of my knowledge and belief.	

	( )		
EMAILADDRESS	DAYTIME TELEPHONE		
NAME OF PERSON MAKING CLAIM	TITLE		
SIGNATURE OF PERSON MAKING CLAIM	DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

