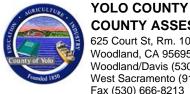
QUALIFIED LESSORS' EXEMPTION CLAIM

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	A <mark>SSESSOR'S PARCEL NUMBER</mark>
USE OF PROPERTY Check and state the primary and inciden The exemption claim is made for the following property: (if there are property as	
PROPERTY TYPE PRI	IMARY 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	ove statement(s) is provided. Failure to submit/complete the lessee's affidavit a. 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

AFFIDAVIT FO	OR EXECUTION BY QUALIFYING INSTITU	TIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\overline{\checkmark}$ Check the type of qualifying use of the p	property	
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR MAILING ADDRESS	11919	\mathbf{C}
CITY, STATE, ZIP CODE		
COMMENCEMENT DATE OF LEASE	NCEMENT DATE OF LEASE DATE PROPERTY PUT TO EXEMPT USE	
etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION)7
	USE	
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring t ominal sum.	the above property described in the lease for \$1
	CERTIFICATION	

I certify (or declare)	under penalty of	perjury under th	e laws of the	State of Califo	ornia that the fo	oregoing and a	ll information here	on, including any
	accompanying	statements or d	ocuments, is	true and corre	ct to the best of	of my knowled	ge and belief.	

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

