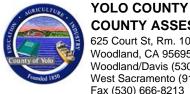
## **QUALIFIED LESSORS' EXEMPTION CLAIM**

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)	7
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 20 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incident The exemption claim is made for the following property: (if there are property ar	
PROPERTY TYPE	MARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive rig	nt to possession and use of the property.
	e property qualifies for the free public library, free museum, public school, niversity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of the (one dollar) or any other nominal sum.	he 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 abor 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 forego accompanying statements or documents, is true and correct to the best of my	
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

## A FEIDAVIT FOR EVECUTION BY OUAL LEVING INSTITUTIONAL LESS

NAME OF QUALIFYING LESSEE INSTITUTION	DR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the p	roperty	
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
The following property is leased as of Janua etc. Attach a separate listing if necessary. PROPERTY TYPE	ry 1 o <mark>f this ye</mark> ar. I <mark>f personal</mark> property is being lease	
(REAL OR PERSONAL)	PROPERTY DESCRIPTION	
	USE	
Yes No The lessee institution has t (one dollar) or any other no	he option at the end of the lease term of acquiring minal sum.	the above property described in the lease for \$1

I certify (or declare) unde	r penalty of perjury under	<sup>-</sup> the laws of the State of	of California that the	foregoing and all information he	reon, including any
acc	companying statements o	r documents, is true ar	nd correct to the best	t of my knowledge 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

