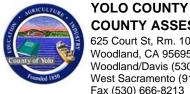
QUALIFIED LESSORS' EXEMPTION CLAIM

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	$A \rightarrow A$
CORPORATE ID (IF ANY)	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE	A <mark>SSESSOR'S PARCEL</mark> NUMBER
USE OF PROPERTY Check and state the primary and inciden The exemption claim is made for the following property: (if there ar property a	
	IMARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive rig	pht to possession and use of the property.
	se property qualifies for the free public library, free museum, public school, University of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of to (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 n. 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

A FEIDAVIT FOR EVECUTION BY OUAL IEVING 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 COMMUNITY COLLEGE UNIVERSITY OF CALIFOR			
FREE MUSEUM	STATE COLLEGE NONPROFIT COLLEG		
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) under pena	lty of perjury	under the	aws of the	e State of	f California	that the	foregoing a	nd all informa	tion hereon,	including any
	accompa	nying statem	ents or doc	uments, is	s true and	d correct to	the bes	t of my knov	vledge and be	lief.	

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

