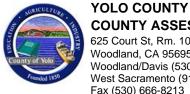
## **QUALIFIED LESSORS' EXEMPTION CLAIM**

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>
<b>USE OF PROPERTY</b> Check and state the primary and incidental The exemption claim is made for the following property: (if there are property and	
	ARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive righ	to possession and use of the property.
☐ Yes ☐ No As used herein a qualifying institution is one whose community college, state college, state university, Un	property qualifies for the free public library, free museum, public school, iversity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of th (one dollar) or any other nominal sum.	e lease term of acquiring the above property described in the lease for \$1
<b>Important:</b> A lessee's affidavit, in which the lessee attests to the above will result in denial of one time reporting treatment for the exemption.	e 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

## A FEIDAVIT FOR EVECUTION BY OUAL LEVING INSTITUTIONAL LESS

AFFIDAVIT FO	R EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\checkmark$ Check the type of qualifying use of the pr	operty	
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	<u> 115 / S</u>	S-A
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
etc. Attach a separate listing if necessary.	ry 1 of this year. If personal property is being lease	
PROPERTY TYPE (REAL OR PERSONAL)		
Yes □ No The lessee institution has the (one dollar) or any other nor	he option at the end of the lease term of acquiring ninal sum.	the above property described in the lease for \$1
	CERTIFICATION	
Leastify (as declare) under percetty of periors		ware and all information became including any

I certify (or declare) unde	er penalty of perjury unde	r the laws of the State o	of California that the fore	egoing and all information he	reon, including any
acc	companying statements o	er documents, is true an	d correct to the best of r	my knowledge and belief.	

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

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