EF-264-AH-R13-0522-57000111-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_ - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

## This claim must be filed by 5:00 p.m., February 15.

## YOLO COUNTY **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

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR	'S USE ONLY	
(Make necessary corrections to the printed name	e and mailing address)	Received by		
1	'	(Assessor's	s designee)	
		of(county		
L	لـ	on	late)	
If you no longer seek an exemption at this lo	cation, check here  Sign and retu	rn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			)	
ADDRESS (Street, City, County, State, Zip Code)	A A // I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
7.00200010171102211011132				2 2 1 02
Owner and operator: (check applicable bo	(yes)		_ =	
	☐ Owner only ☐ Operator only			
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal propert	y	
2. Does the above institution qualify as a col	lege or seminary of learning under th	e laws of the State of California?		
3. Is the institution conducted as a non-profit  YES NO	entity?			
Does the institution require for regular adr     YES  NO	mission the completion of a four-year	high school course or its equivale	ent?	
5. Does the institution confer upon its graduat	tes at least one academic or profession	nal degree, based on a course of a	nt least two year	rs in liberal arts
and sciences, or on a course of at least th			dicine, dentistr	y, engineering,
veterinary medicine, pharmacy, architectu  YES  NO	re, fine arts, commerce, or journalish	1?		
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM