EF-264-AH-R13-0522-57000056-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20

- 20

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135

COUNTY ASSESSOR

YOLO COUNTY

West Sacramento (916) 375-6496 Fax (530) 666-8213

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Col	inty of	Yolo	×	
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(Example: a person filing a t imely claim in Jawould enter "2011-2012.")	anuary 2011	Fax (530) 666-8213 assessor@yolocounty.org			
This claim must be filed by 5:00 p.m., Feb	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	e and mailing address)	Received by(Assessor's	designee)		
		of(county	or city)		
L	١	on(da	nte)		
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	110	10	1		
TITLE OF CLAIMANT		Di	AYTIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)	^ ^ <i>^ / / / / / / / / / / / / / / / / /</i>				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT	
1. Owner and operator: (check applicable bo					
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property	′		
2. Does the above institution qualify as a col	llege or seminary of learning under the	ne laws of the State of California?			
3. Is the institution conducted as a non-profi	t entity?	V U I			
Does the institution require for regular add YES NO	mission the completion of a four-year	high school course or its equivalent	nt?		
5. Does the institution confer upon its gradual and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture. YES NO	ree years in professional studies, su	ch as law, theology, education, med			
6. Is the property for which the exemption is	claimed used exclusively 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 LEASE LEASE \square OWN LEASE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM