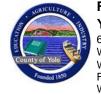
FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



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Freddie Oakley YOLO COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 www.yolocounty.org

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

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

| | L | L | | |
|--------------|--------------------|---|--|----------------------|
| NA | AME OF PERSON M | /AKING CLAIM | TITLE | |
| | | S OF OWNER OF LAND AND BUILDINGS (if different from above) | | |
| NA | ME OF INSTITUTIO | ИС | IN A | |
| MA | AILING ADDRESS O | OF INSTITUTION (CIT <mark>Y,</mark> STATE, ZIP CODE) | | |
| AD | DRESS OF PROPE | ERTY (NUMBER AND STREET) | ASSESSOR'S PARCEL NUMB | ER |
| | TY, COUNTY, ZIP CC | | LEASE TERMINATION DATE | |
| DA | YS OF THE WEEK (| OPEN TO THE PUBLIC AND HOURS OF OPERATION | | |
| \checkmark | Check the type | e of qualifying exclusive use of the property. If filing for the first | time, attach a copy of the lease or agreem | ent. |
| | | MUSEUM | | |
| 1. | 🗌 Yes 🗌 No | b Is admittance to the library or museum free? If no, please exp | blain: | |
| 2. | 🗌 *Yes 🗌 No | If a library, is there a user charge for the use of books, periodi | icals, or facilities? | |
| 3. | 🗌 *Yes 🗌 No | o If a museum, is there a charge for viewing the museum conten | nts? | |
| | | *If yes , and a BOE-267, <i>Claim</i> for Welfare Exemption, has r Office immediately. The deadline for timely filing a Claim for V user charge, a <i>Claim for Welfare Exemption</i> may be allowed in the requirements for the exemption. | Nelfare Exemption is February 15 each ye | ar. Where there is a |
| 4. | Yes No | Is the property, or a portion thereof, for which the exemption is income as defined in section 512 of the Internal Revenue Cod | claimed a bookstore that generates unrelat de? | ed business taxable |
| | | If yes , a copy of the institution's most recent tax return filed w Property taxes as determined by establishing a ratio of the income will be levied. | | |
| 5. | Yes 🗌 No | o Is any of the owned property used for sales or business purpos | ses other than a bookstore? If yes, please | explain: |
| | | | | |
| 6. | Yes 🗌 No | o Is any equipment or other property at this location being lease | d or rented from someone else? | |
| | | If yes , list in the remarks section the name and address of the property. "Exclusive use" is not required for this exemption, the | | |
| | | The benefit of a property tax exemption must inure to the less taxes paid by the lessor. See section 202.2 of the Revenue an | | to claim a refund of |

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7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

| | PROPERTY | DESCRIPTIO | DN . | STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED | | | |
|--|---------------------------------------|-----------------|-------------------------|--|-------|--|--|
| Land: (Legal de | escription or map nt tax statement | o book, page | and parcel number | Primary use: | | | |
| | | , | | Incidental use: | | | |
| Area: (Acres or | square feet) | | | | | | |
| Buildings and Ir | nprovements | | | Primary use: | | | |
| Bldg. No. or Name | | No. of Rooms | Type of Construction | | | | |
| | 7 | | //S | Incidental use: | A | | |
| Personal Property: Describe - include cost and acquisition dates if Primary use: applicable. (Attach a separate sheet if necessary.) Incidental use: | | | | | | | |
| REMARKS | | | | | | | |
| DO NOT | | | | | | | |
| USE! | | | | | | | |
| Whom should we contact during normal business hours for additional information? | | | | | | | |
| NAME | | | | | TITLE | | |
| DAYTIME TELEPHONE | | EMAILA | ADDRESS | | 1 | | |
| | CERTIFICATION | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. | | | | | | | |
| NAME OF PERSON MA | KING CLAIM | | | | TITLE | | |
| SIGNATURE OF PERSO | N MAKING CLAIM | | | | DATE | | |

