EF-264-AH-R13-0522-58000094-1

BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

W ST

## Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

This claim is filed for fiscal year 20 _	20
(Example: a person filing a t imely claim	in January 201
would enter "2011-2012 ")	

This claim must be filed by 5:00 p.m., Fe	bruary 15.				
CLAIMANT NAME AND MAILING ADDRESS	-		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed nan	ne and mailing address)	7	Received by		
				'Assessor's designee)	
			of	(county or city)	
		.	on		
L				(date)	
f you no longer seek an exemption at this lo	ocation, check here  Sign	and return	this form to the Assesso	or. Date vacated:	
NAME OF CLAIMANT				$\overline{A}$	
NAME OF CLAIMANT		_			
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				( )	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMB <mark>ER OR</mark> LEGAL DESC	CRIPTION		DATE PR	OPERTY WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
	-4/1/1				
1. Owner and operator: (check applicable b					
Claimant is:		•			
and claims exemption on all Land			and/or Personal		
2. Does the above institution qu <mark>al</mark> ify as a co	bliege of seminary of learning	under the	laws of the State of Call	IOITIIa ?	
3. Is the institution conducted as a non-prof	it entity?		/		
YES NO					
4. Does the institution require for regular ad	Imission the completion of a f	our-year hi	gh school course or its	equivalent?	
YES NO					
<ol><li>Does the institution confer upon its gradue and sciences, or on a course of at least the</li></ol>					
veterinary medicine, pharmacy, architectu			as law, theology, educat	ion, mediane, dential	y, crigiricering
YES NO					
6. Is the property for which the exemption is	s claimed used <b>exclusively</b> for	or the purp	oses of education?		
YES NO					
7. List all buildings and other improvements					
sheet if necessary. Indicate whether leas	T	separate d			per.
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENTAL USE	LEASE	□OWN
				LEASE	
				LEASE	
				LEASE	
				LEASE	□ OWN
				LEASE	□OWN
I .	1	1			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM