EF-264-AH-R13-0522-03000046-1 BOE-264-AH (P1) REV. 13 (05-22)

James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

COLLEGE EXEMPTION CLAIM	
This claim is filed for fiscal year 20	20

This claim is filed for fiscal year 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.	
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	Received by
	(Assessor's designee)
	(county or city)
L	on
f you no longer seek an exemption at this location, check here \Box Sig	on and return this form to the Assessor. Date vacated:
you no longer cook an exemplical at the location, chock here _ Cig	gri and retain the form to the respective pate vacated.
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER ()
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only □ Owner only □ Operator □ Owner only □ Owner only □ Operator □ Owner only □ Owner only □ Operator □ Owner only □ Owner Owner only □ Owner Owne	perator only
and claims exemption on all Land Buildings and improve	•
2. Does the above institution qualify as a college or seminary of learning	
YES NO	
3. Is the institution conducted as a non-profit entity?	
YES NO	
4. Does the institution require for regular admission the completion of a	a four-year high school course or its equivalent?
YES NO	
	or professional degree, based on a course of at least two years in liberal arts
and sciences, or on a course of at least three years in professional seveterinary medicine, pharmacy, architecture, fine arts, commerce, or	studies, such as law, theology, education, medicine, dentistry, engineering
YES NO	, journalistit.
6. Is the property for which the exemption is claimed used exclusively	y for the purposes of education?
YES NO	
7. List all buildings and other improvements for which exemption is clai sheet if necessary. Indicate whether leased or owned. Please use a	aimed and state the primary and incidental use of each. Attach a separate a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM