EF-268-B-R10-0514-03000165-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

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



James B Rooney Assessor of Amador County

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

This cla	im is filed for fiscal year 20 20
(Example	: a person filing a timely claim in January 2011 would enter
"2011-201	12.")
	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.

				with	n the Assessor by February 15.
	L			_	
NA	ME OF PERSON M	IAKING CLAIM			TITLE
NA	ME AND ADDRESS	OF OWNER OF LAND AN	D BUILDINGS (if different from a	above)	
NA	ME OF INSTITUTION	NO			
MΑ	ILING ADDRESS C	F INSTIT <mark>UT</mark> ION (CIT <mark>Y,</mark> STA	TE, ZIP CODE)		
AD	DRESS OF PROPE	RTY (NUMBER AND STRE	ET)		ASSESSOR'S PARCEL NUMBER
CIT	TY, COUNTY, ZIP C	ODE	/		LEASE TERMINATION DATE
DA	YS OF THE WEEK	OPEN TO THE PUBLIC AN	D HOURS OF OPERATION		
V	\int Check the type	e of qualifying exclusive	use of the property. If filin	g for the first time, attach a	copy of the lease or agreement.
	LIBRARY	MU	SEUM		
1.			brary or museum free? If i	no, please explain: books, periodicals, or facilit	ies?
3.			a charge for viewing the n		
		Office immediately. The	ne dead <mark>lin</mark> e for time <mark>ly</mark> filinç <i>for Wel<mark>far</mark>e Exemp<mark>tio</mark>n</i> ma	g a Claim for Welfare Exem	for the property, please contact the Assessor's ption is February 15 each year. Where there is a panization and the use of the property meet all of
4.	☐ Yes ☐ No		ortion thereof, for which the section 512 of the Internal		ok <mark>sto</mark> re that generates unrelated business taxable
					al Revenue Service must accompany this claim. siness taxable income to the bookstore's gross
5.	☐ Yes ☐ No	Is any of the owned pr	operty used for sales or b	usiness purposes other than	n a bookstore? If yes, please explain:
6.	☐ Yes ☐ No	Is any equipment or o	ther property at this location	on being leased or rented fro	om someone else?
		-			the type, make, model, and serial number of the seession is sufficient evidence of use.
			•	ure to the lessee institution	; the lessee may be entitled to claim a refund of

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

PROPERTY DESCRIPTION			STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED		
Land: (Legal description most recent to	iption or map book, pa ax statement)	age and parcel number	Primary use:		
			Incidental use:		
Area: (Acres or sq.	uare feet)				
Buildings and Impr			Primary use:		
•	No. of No. of Rooms	Type of Construction			
	T	4/5	Incidental use:		
Personal Property: applicable. (Attach a	Describe - include co a separate sheet if nece	ost and acquisition dates	Primary use: Incidental use:		
REMARKS					
	D	O	MOT		
			SE!		
	Whom should we	contact during norma	Il business hours for additional information?		
NAME			TITLE		
DAYTIME TELEPHONE	EN	IAIL ADDRESS			
()					
I certify (or declare) including an	under penalty of perju y accompanying state		FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING			TITLE		
SIGNATURE OF PERSON M	AKING CLAIM		DATE		