EF-263-B-R04-0522-04000144-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721

Butte County Assessor

Fax (530) 538-7991

Alyssa Douglass

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

To receive the full exemption, this claim must be filed with the Assessor by February 15. \bot If you no longer seek an exemption at this location, check here \square Sign and return this form to the Assessor. Date vacated:

IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the prop	
The exemption claim is made fo <mark>r the followi</mark> ng property: <i>(if there are numerous properties, please property and the name and address of the property and the name and</i>	
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land	
☐ Buildings and Improvements	-
☐ Personal Property	_
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possessi	on and use of the property?
Yes ☐ No Is the claimant a lessee or operator of real or personal property owned by a publistate university, or University of California that is used exclusively for community University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school p	ourposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoenect accompanying statements or documents, is true and correct to the best of n	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE
	[()
THIS DOCUMENT IS OUR LEST TO BURL IS INCOME.	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

