EF-263-A-R06-0612-07000417-1 BOE-263-A (P1) REV. 06 (06-12)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



## Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

_ commencement date of the lease.	
DENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
IVI ILITO ABBALOS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
DENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)  FISCAL YEAR OF CLAIM	_
20 20	
CITY, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY   ✓ Check and state the primary and incidental qualifying uses of the property.	
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the	
property and the name and address of the lessee)	
PROPERTY TYPE PRIMARY USE INCIDENTAL USE	
Land	
☐ Buildings and Improvements	
☐ Personal Property	
Yes No The lease confers upon the lessee the exclusive right to possession and use of the property.	
Tes The rease conters upon the lessee the exclusive right to possession and use of the property.	
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state university, University of California, or nonprofit college property tax exemption.	
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1	
(one dollar) or any other nominal sum.	
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM DATE	
NAME OF PERSON MAKING CLAIM  TITLE	
EMAIL ADDRESS DAYTIME TELEPHONE	
( $ $ )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	STIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of qualifying use of the present	roperty		
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE	
THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT  The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
	USE		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.			
CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

