



Gus Kramer

County Assessor

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http://www.cccounty.us/assessor

LESSEES' EXEMPTION CLAIM

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

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)

Form fields for name and mailing address, including lines for address, city, state, and zip code.

To receive the full exemption, this claim must be filed with the Assessor by February 15.

IDENTIFICATION OF APPLICANT

Form fields for identification of applicant: LESSEE'S CORPORATE OR ORGANIZATION NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, CORPORATE ID (IF ANY).

IDENTIFICATION OF PROPERTY

Form fields for 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 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)

Table with 3 columns: PROPERTY TYPE, PRIMARY USE, INCIDENTAL USE. Rows include checkboxes for Land, Buildings and Improvements, and Personal Property.

Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?

Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?

Yes No Does the claimant own personal property used at this property for public school purposes?

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 foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

Form fields for certification: SIGNATURE OF PERSON MAKING CLAIM, NAME OF PERSON MAKING CLAIM, E-MAIL ADDRESS, DATE, TITLE, DAYTIME TELEPHONE.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

