EF-264-AH-R13-0522-07000059-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 _____ - 20 _____.



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

LEASE

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(Example: a perse	on filing a t imely 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 (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'	FOR ASSESSOR'S USE ONLY		
		Received by			
'	1	(Assessor's			
		of(county	or city)		
		on			
L	٦	(da	ite)		
If you no longer seek an exemption at this lo	ocation, check here 🗌 Sign and retu	urn this form to the Assessor. Date	vacated:		
NAME OF CLAIMANT					
TITLE OF CLAIMANT		D)	AYTIME TELEPH)	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			,		
ADDRESS (Street, City, County, State, Zip Code)					
	Λ Λ Λ		WAS EIROT HOE		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN I	
Owner and operator: (check applicable both)	oxes)				
Claimant is:		y			
and claims exemption on all Land	☐ Buildings and improvements	and/or	,		
Does the above institution qualify as a co YES NO	llege or seminary of learning under the	he laws of the State of California?			
3. Is the institution conducted as a non-profi	t entity?	V U I			
Does the institution require for regular ad YES NO	mission the completion of a four-year	r high school course or its equivalen	nt?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, su	ch as law, theology, education, med			
6. Is the property for which the exemption is	claimed used exclusively for the nu	urnoses of education?			
YES NO	ciamica acca exclueively for the pe	in poods of oddodion.			
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE]		
			LEASE	OWN	
			LEASE	OWN	
			LEASE	OWN	
			LEASE	\square OWN	
			LEASE	\square OWN	

DATE



NAME OF PERSON MAKING CLAIM