EF-264-AH-R13-0522-10000112-1 BOE-264-AH (P1) REV. 13 (05-22)

Fresno County Assessor-Recorder P. O. Box 1146 Fresno, CA 93715

(559) 600-3534 www.assessor.co.fresno.ca.us

Paul Dictos, CPA

COLLEGE EXEMPTION CLAIM		
This claim is filed for fiscal year 20	20 _	
Example: a person filing a timely claim i	n January	201
would enter "2011-2012 ")		

This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY	
(Make necessary corrections to the printed name and mailing address)	□ Received by	
	(Assessor's designee)	
	of	
	(county or city)	
ı	on(date)	
	(uate)	
f you no longer seek an exemption at this location, check here $\Box$ S	Sign and return this form to the Assessor. Date vacated:	
NAME OF CLAIMANT	· / ( · / /	
	DAYTHE TO FOLIOUS NUMBER	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER	:R
CORPORATE NAME OF THE COLLEGE	N /	
ADDRESS (Street, City, County, State, Zip Code)		
ACCEPTION DATE OF LEGAL DESCRIPTION	DATE DESCRIPTION OF DV CLANA	A N I T
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIM	ANI
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only	•	
and claims exemption on all	provements and/or Personal property	
2. Does the above institution qu <mark>al</mark> ify as a college or seminary of lear	ning under the laws of the State of California?	
YES NO		
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the completion of	of a four-year high school course or its equivalent?	
YES NO		
	ic or professional degree, based on a course of at least two years in liberal al studies, such as law, theology, education, medicine, dentistry, engineer	
veterinary medicine, pharmacy, architecture, fine arts, commerce,		9
YES NO		
<ol> <li>Is the property for which the exemption is claimed used exclusive</li> </ol>	elv for the purposes of education?	
YES NO		
- 1		

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

