EF-264-AH-R13-0522-10000137-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

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

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

Paul Dictos, CPA

This claim is filed for fiscal year 20 - 20

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., Feb	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	a and mailing address)	FOR ASSESSOR	'S USE ONLY	
[Make necessary corrections to the printed name		Received by	: designee)	
			uco.gco/	
		of(county	or city)	
L	ı	on	ate)	
L	_	(00		
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT			Λ	
TITLE OF CLAIMANT			AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable bo Claimant is:	oxes) ☐ Owner only ☐ Operator onl ☐ Buildings and improvements	y and/or ☐ Personal property		
Does the above institution qualify as a colour YES NO Is the institution conducted as a non-profit YES NO		he laws of the State of California?		
4. Does the institution require for regular adr	nission the completion of a four-yea	r high school course or its equivale	nt?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional studies, su	ch as law, theology, education, me		
6. Is the property for which the exemption is YES NO	claimed used exclusively for the po	urposes of education?		
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM