EF-263-B-R03-0519-11000232-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

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



Sendy Perez Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR

WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

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)

		To receive the full exemption, this claim must
L	لـ	be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	11.	
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY	1	
ADDRESS OF PROPERTY (NUMBER AND STREET)	4 /\// / -	~
CITY, COUNTY, ZIP CODE	IIVII	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying use	s of the property.
The exemption claim is made for the following p	property: (if there are numerous property and the name and	e <mark>rt</mark> ies, please attach a list that clearly identifies the address of the lessee)
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement con	fe <mark>r u</mark> pon the l <mark>es</mark> see the exclusive righ	t to possession and use of the property?
Yes No Is the claimant a lessee or ope state university, or University of University of California purpose	f California that is used exclusively for	ed by a publ <mark>ic school, community college, state college, r community college, state college, state university, or</mark>
Yes No Does the claimant own person	al property used at this property for pu	ublic school purposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or a	agreement.
	CERTIFICATION	
	der the laws of the State of California s or documents, is true and correct to	that the foregoing and all information hereon, including any the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

