EF-264-AH-R13-0522-11000116-1 BOE-264-AH (P1) REV. 13 (05-22)

Glenn County Assessor/Clerk/Recorder

516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988

Phone: (530) 934-6402 FAX: (530) 934-6571

**Sendy Perez** 

## **COLLEGE EXEMPTION CLAIM** 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., February 15.			
	FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name and mailing address)  Received by			
Received by	(Assessor's designee)		
of			
01	(county or city)		
on			
	(date)		
If you no longer seek an exemption at this location, check here  Sign and return this form to the A	Assessor. Date vacated:		
NAME OF CLAIMANT			
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE			
ADDRESS (Street, City, County, State, Zip Code)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable boxes)			
Claimant is:			
and claims exemption on all Land Buildings and improvements and/or Pe	ersonal property		
2. Does the above institution qualify as a college or seminary of learning 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 a four-year high school course	e or its equivalent?		
TYES NO			
5. Does the institution confer upon its graduates at least one academic or professional degree, based and sciences, or on a course of at least three years in professional studies, such as law, theology,			
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	education, medicine, dentistry, engineering,		
YES NO			
6. Is the property for which the exemption is claimed used <b>exclusively</b> for the purposes of education	1?		
YES NO			

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



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