QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



Howard LaHaie Humboldt County Assessor 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276

(Make necessary corrections to the printed name and mailing address)	Г
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	$A \rightarrow A$
CORPORATE ID (IF ANY)	
DENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM
	20 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY V Check and state the primary and incider	
The exemption claim is made for the following property: (if there al	re numerous properties, please attach a list that clearly identifies the and the name and address of the lessee)
Buildings and Improvements	
Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive rig	ght to possession and use of the property.
Yes No As used herein a qualifying institution is one who community college, state college, state university, l	se property qualifies for the free public library, free museum, public school, University of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of (one dollar) or any other nominal sum.	the lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the abo will result in denial of one time reporting treatment for the exemption	ove statement(s) is provided. Failure to submit/complete the lessee's affidavit n. A separate affidavit is required of each lessee.
CER	TIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing accompanying statements or documents, is true and correct to the best of my kno	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

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CITY, STATE. ZIP CODE Check the type of qualifying use of the property Check the type of qualifying use of the property CREE PUBLIC LIBRARY COMMUNITY COLLEGE NNNPROFIT COLLEGE NNPROFIT COLLEGE PUBLIC SCHOOL STATE UNIVERSITY NAME OF LESSOR CITY, STATE, ZIP CODE COMMENCEMENT DATE OF LEASE PLEASE ATTACHA COPY OF THE LEASE AGREEMENT The following property is leased, as of January 1 of this year. It personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary. PROPERTY DESCRIPTION PROPERTY DESCRIPTION PROPERTY DESCRIPTION CREAL OR PERSONAL PROPERTY DESCRIPTION CREAT OF LEASE Note the type of the tease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum. CERTIFICATION	AFFIDAVIT I	OR EXECUTION BY QUALIFYING INSTITU	JIIONAL LESSEE
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(one dollar) or any other nominal sum. CERTIFICATION		PROPERTY DESCRIPTION	
CERTIFICATION			the above property described in the lease for \$1
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	I certify (or declare) under penalty of perio		regoing and all information hereon, including any

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE
	()

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

