EF-264-AH-R13-0522-13000126-1 BOE-264-AH (P1) REV. 13 (05-22)

940 W. Main Street Suite 115 El Centro, CA 92243

Imperial County Assessor

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Robert Menvielle

Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

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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., Fel	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 nam	e and mailing address)	Received by					
·	·	(Assessor's designee)					
		of(county o	4.				
		(county o	r city)				
1	ı	on(dat	۵۱				
	_	(Gar	~)				
If you no longer seek an exemption at this lo	ocation, check here 🗌 Sign and retu	ırn this form to the Assessor. Date v	acated:				
NAME OF CLAIMANT	716						
TITLE OF CLAIMANT		DA (YTIME TELEPHONE NUMBER				
CORPORATE NAME OF THE COLLEGE							
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	PRIPTION	DATE PROPERTY V	VAS FIR <mark>ST</mark> USED BY CLAIMANT				
1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator only							
and claims exemption on all Land Buildings and improvements and/or Personal property							
2. Does the above institution qualify as a co							
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	it entity!	V					
4. Does the institution require for regular ad	mission the completion of a four-yea	r high school course or its equivalen	t?				
YES NO							
5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?							
YES NO							
6. Is the property for which the exemption is claimed used exclusively for the purposes of education?							
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 □ 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

