EF-264-AH-R13-0522-14000109-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302

County of Inyo

inyoassessor@inyocounty.us

LEASE

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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.")

Th	nis claim must be filed by 5:00 p.m., Feb	ruary 15.			
CLAIMANT NAME AND MAILING ADDRESS		-	FOR ASSESSOR'S USE ONLY		
	(Make necessary corrections to the printed name	e and mailing address)	Received by		
			(Assessor	s designee)	
			Of(county	or city)	
	L	١	on(c	late)	
f١	ou no longer seek an exemption at this lo	cation. check here	rn this form to the Assessor. Date	vacated:	
,					
NA	ME OF CLAIMANT				
ТΙΤ	TLE OF CLAIMANT			AYTIME TELEPH	ONE NUMBER
CC	DRPORATE NAME OF THE COLLEGE				
ΑD	DDRESS (Street, City, County, State, Zip Code)	A A A I			
AS	SSESSOR'S PARCEL NUMBER OR LEGAL DESCRI	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
					
	Owner and operator: (check applicable bo				
	Claimant is: Owner and operator				
	and claims exemption on all Land	☐ Buildings and improvements	and/or Personal propert	У	
2.	Does the above institution qualify as a collection of the collecti	lege or seminary of learning under the	ne laws of the State of California?		
_					
3.	Is the institution conducted as a non-profit YES NO	t entity?	V		
4.	Does the institution require for regular adr	mission the completion of a four-year	high school course or its equivale	ent?	
	YES NO				
	Does the institution confer upon its graduat				
	and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture			dicine, dentistr	y, engineering
	YES NO				
6.	Is the property for which the exemption is	claimed used exclusively for the pu	rposes 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 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
				LEASE	□ OWN
				LEASE	OWN
				⊣	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM