EF-263-B-R04-0522-15000120-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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Laura Avila **Kern County Assessor and Recorder**

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

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 be filed with the Assessor by February 15

	be filed with the Assessor by February 13.
If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:	
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	7 4
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the	property.
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)	
PROPERTY TYPE PRIMARY USE	INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?	
Yes No Is the claimant a lessee or operator of real or personal property owned by a state university, or University of California that is used exclusively for communication of California purposes?	
Yes No Does the claimant own personal property used at this property for public sch	ool purposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement	ent.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the accompanying statements or documents, is true and correct to the best	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

