EF-264-AH-R13-0522-16000096-1 BOE-264-AH (P1) REV. 13 (05-22)

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.")



Office of the Assessor **Kings County**

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

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 name and mailing address)	Received by	
'	(Assessor's designee)	
	of(county or city)	
	, , ,	
L	on	
If you no longer seek an exemption at this location, check here 🗌 Sign	n and return this form to the Assessor Date vacated:	
July 100 Jul	Tana retain the fermite the resource.	
NAME OF CLAIMANT		
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER ()	
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip Code)		
ADDICESS (Silver, Oly, Southly, State, 21) Soute)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT	
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only Operator		
and claims exemption on all		
2. Does the above institution qualify as a college or seminary of learnin YES NO	g under the laws of the State of California?	
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 or its equivalent?	
	r professional degree, based on a course of at least two years in liberal arts	
	tudies, such as law, theology, education, medicine, dentistry, engineering,	
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 clai	med 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



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM