EF-264-AH-R13-0522-18000112-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM		Nick Ceaglio Lassen County Assessor 220 S Lassen Street Susanville, CA 96130-4324 Phone: (530) 251-8241
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	CLEOR	http://www.lassencounty.org/dept/assessor/assesso
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Г	of	FOR ASSESSOR'S USE ONLY ed by
If you no longer seek an exemption at this location, check here [NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	☐ Sign and return this form	DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only	Operator only	DATE PROPERTY WAS FIRST USED BY CLAIMANT
 and claims exemption on all Land Buildings and 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	improvements and/or learning under the laws of	Personal property the State of California?
 4. Does the institution require for regular admission the completing YES NO 5. Does the institution confer upon its graduates at least one acaded and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, commercipy YES NO 6. Is the property for which the exemption is claimed used exclusional exclusional exercises. 	demic or professional degre sional studies, such as law, erce, or journalism?	e, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering,
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	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-18000112-2 BOE-264-AH (P2) REV. 13 (05-22)					
	Ind/or been completed on this parcel since ase explain:	e 12:01 a.m., January 1 of last year?			
as defined in section 512 of the Inte	rnal Revenue Code? nost recent tax return filed with the Interna	dent bookstore that generates unrelated business taxable incom nal Revenue Service must accompany this claim. Property taxe ome to the bookstore's gross income, will be levied.			
	ve been used for business purposes other ease explain:	r than a student bookstore?			
11. If any business is operated by som	eone other than the college, attach a copy	by of the lease or other agreement, Please explain:			
YES NO	sively for educational purposes at the col	the type, make, model, and serial number of the property. If the property. If the property. If reprint the property. If reprint the property. If reprint the property.			
The benefit of a property tax exem Taxation Code.	aption must inure to the lessee institution. I	If taxes paid by the lessor, see section 202.2 of the Revenue an	٦d		
substituted.Attach a separate page, or degree.	current catalog, listing the degrees confe	. A current catalog showing the requirements may be erred upon the graduates and the requirements for each ting statement for the preceding fiscal year.)			
NAME	ld we contact during normal busines				
DAYTIME TELEPHONE	EMAIL ADDRESS				
· · ·	CERTIFICATION				
Leartify (or declare) under papelty of particul under the laws of the State of California that the foregoing and all information because including any					

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	TITLE
NAME OF PERSON MAKING CLAIM	DATE

