EF-264-AH-R13-0522-18000108-1

220 S Lassen Street Susanville, CA 96130-4324

Lassen County Assessor

Nick Ceaglio

Phone: (530) 251-8241

http://www.lassencounty.org/dept/assessor/assesso

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.")

This claim must be filed by 5:00 p.m., Feb	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	e and mailing address)	Received by		
		·	or's designee)	
		of(cou	ınty or city)	
L	لـ	on	(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	ırn this form to the Assessor. Da	ite vacated:	
NAME OF GLAMANT				
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPER	TY WAS FIR <mark>ST</mark> USEI	D BY CLAIMAN I
1. Owner and energiasis (about applicable by	avaal			
1. Owner and operator: (check applicable both Claimant is: ☐ Owner and operator		V		
and claims exemption on all Land		and/or ☐ Personal prope	erty	
2. Does the above institution qualify as a co	llege or seminary of learning under t	ne laws of the State of California	?	
YES NO				
3. Is the institution conducted as a non-profi	t entity?			
YES NO				
4. Does the institution require for regular add	mission the completion of a four-yea	r high school course or its equiva	alent?	
YES NO				
5. Does the institution confer upon its gradua and sciences, or on a course of at least the	tes at least one academic or professi	onal degree, based on a course of	f at least two year	s in liberal arts
veterinary medicine, pharmacy, architectu			nedicine, dentistry	, engineering,
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pu	urposes of education?		
YES NO				
7. List all buildings and other improvements				
sheet if necessary. Indicate whether lease	ed or owned. Please use a separat	e claim form for each Assesso	or's Parcel Numb	oer.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	
			LEASE	
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM