EF-264-AH-R13-0522-19000086-1 BOE-264-AH (P1) REV. 13 (05-22)

Los Angeles County Assessor 500 W Temple ST

LEASE

Los Angeles, CA 90012-2770 Phone: (213) 974-3341

Ms. Sharon Moeller

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		
		(Assessor's	designee)	
		of(county	(or oity)	
		(county	or city)	
L	L	on	ate)	
		,		
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT		I.D.	AYTIME TELEPHON	F NI IMBER
THEE OF OLD WIND HAT)	L NOMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USED B	BY CLAIMANT
Owner and operator: (check applicable bo	aves)		_ =	
Claimant is:		V		
and claims exemption on all Land	☐ Buildings and improvements	and/or ☐ Personal propert	V	
2. Does the above institution qualify as a col				
YES NO	lege of serimary of learning under t	ne laws of the state of Salifornia:		
3. Is the institution conducted as a non-profit	t entity?			
YES NO	i chiny:	V		
	orientes de constadas de Company	a beta be a sub-sus de sus sus sus sus sus sus sus sus sus su	10	
4. Does the institution require for regular adr	nission the completion of a four-yea	r nign school course or its equivale	nt?	
5. Does the institution confer upon its gradual and sciences, or on a course of at least th				
veterinary medicine, pharmacy, architectu			uicine, dentistry, e	engineening
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the nu	irnoses of education?		
YES NO	ciained asea exclusively for the pe	inposes of education:		
LI TES NO				
7. List all buildings and other improvements				
sheet if necessary. Indicate whether lease	•		s Parcei Numbei ¬	r.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	_	
			LEASE	OWN
			☐ LEASE [OWN
			LEASE [OWN
			LEASE [OWN
			_	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM