EF-263-B-R04-0522-20000083-1 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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200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710

Madera County Assessor

Fax: (559) 675-7654 www.maderacounty.com/government/assessor

Brett Frazier

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

		to receive the full exemption, this claim must
L		pe filed with the Assessor by February 15.
If you no longer seek an exemption at this location, chec	ck here Sign and return this form	to the Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
NEEDLESS OF THOSE ENTERING STREET		
CITY, COUNTY, ZIP CODE	IVIII	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:		
	property and the name and address	s 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 pos	session and use of the property?
		public school, community college, state college, unity college, state college, state university, or
University of California purposes?	ila triat is used exclusively for commit	urinty college, state college, state university, or
Yes No Does the claimant own personal prope	rty used at this property for public sch	nool purposes?
Note: If requested by the assessor, the claimant shall p	royida a capy of the lease or agreemy	ont
Note. If requested by the assessor, the claimant shall pr		ent.
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the la accompanying statements or doc	aws of the State of California that the uments, is true and correct to the bes	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
TANKE OF PERSON INFARING CLAIM		IIILE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

