QUALIFIED LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



Shelly Scott Assessor-Recorder-County Clerk County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

(Make necessary corrections to the printed name and mailing address)	7
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.
IDENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental The exemption claim is made for the following property: (if there are r property and	
PROPERTY TYPE	IRY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive right.	to possession and use of the property.
	property qualifies for the free public library, free museum, public school, versity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of the (one dollar) or any other nominal sum.	lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above will result in denial of one time reporting treatment for the exemption. A	statement(s) is provided. Failure to submit/complete the lessee's affidavit separate affidavit is required of each lessee.

CERTIFICATION

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 and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT I	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	property	
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR MAILING ADDRESS CITY, STATE, ZIP CODE	HS 13	S-A-
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
The following property is leased as of Jan etc. Attach a separate listing if necessary.	uary 1 of this year. If personal property is being lease	ed, indicate the type, make, model, serial number,
(REAL OR PERSONAL)		
	USE	
Yes No The lessee institution has (one dollar) or any other	s the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1
	CERTIFICATION	
I certify (or declare) under penalty of perju	ry under the laws of the State of California that the fo	pregoing and all information hereon, including any

accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE	
	()	

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