EF-264-AH-R13-0522-21000106-1 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.")



## **Shelly Scott** Assessor-Recorder-County Clerk

County of Marin P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7215 Fax: (415) 473-6542

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS	CLAIMANT NAME AND MAILING ADDRESS			R ASSESSOR'S	S USE ONLY	
(Make necessary corrections to the printed name	,	-	Paceived by			
I			Received by	(Assessor's o	designee)	
			of	(county c	ur city)	
				(county c	r city)	
L		_	on	(dat	e)	
If you no longer seek an exemption at this loo	cation check here Sign and r	ا turi	this form to the	Assessor Date v	vacated:	
in you no longer seek an exemption at this loc	Sation, electricie Sign and I	Cluii	Tulis form to the	Assessor. Date (	acateu	
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DA (	YTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					_	
ADDRESS (Street, City, County, State, Zip Code)	A A //					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	RIPTION	F		DATE PROPERTY V	VAS FIR <mark>ST</mark> USEI	D BY CLAIMANT
1. Owner and operator: (check applicable bo						
Claimant is:	<ul><li>☐ Owner only</li><li>☐ Operator of Duildings and improvement</li></ul>	-	and/or D	ersonal property		
Does the above institution qualify as a coll						
YES NO	ege of serimary of learning and	T G I C	and of the oldic	o or odinornia:		
3. Is the institution conducted as a non-profit  YES NO	entity?			/		
Does the institution require for regular adm     YES  NO	nission the completion of a four-ye	ear I	nigh school cours	e or its equivalen	t?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture YES NO	ree years in professional studies,	sucl	as law, theology			
6. Is the property for which the exemption is	claimed used exclusively for the	pur	ooses of educatio	n?		
YES NO						
7. List all buildings and other improvements to sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENT	AL USE		
					LEASE	$\square$ OWN
					LEASE	$\square$ OWN
					LEASE	$\square$ OWN
					LEASE	$\square$ OWN
					LEASE	$\square$ OWN
					LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM