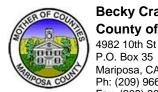
EF-268-B-R10-0514-22000200-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Becky Crafts County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

This claim is filed for fiscal year 20_

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

> A claimant must complete and file this form with the Assessor by February 15.

			•	
N I A B	L AE OF DEDOON M		I was a	_
NAI	ME OF PERSON M	AKING CLAIM	TITLE	
NAN	ME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)		_
NAN	ME OF INSTITUTIO	N		_
NAAI	LINC ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)		_
IVIAI	LING ADDICESS O	INSTITUTION (CITT, STATE, ZIP GODE)		
ADE	RESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER	_
				_
CIT	Y, COUNTY, ZIP CO	ODE	LEASE TERMINATION DATE	
DAY	S OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION		_
√	Check the type	of qualifying exclusive use of the property. If filing for the first	st time, attach a copy of the lease or agreement.	_
	LIBRARY	MUSEUM	a and a sopy of the source of a great and a	
				—
١.	∐ Yes ∐ No	Is admittance to the library or museum free? If no, please ex	explain:	
2.	☐ *Yes ☐ No	If a library, is there a user charge for the use of books, perio	odicals, or facilities?	
3.	*Yes No	If a museum, is there a charge for viewing the museum conf	ntents?	
		*If ves, and a BOF-267 Claim for Welfare Exemption, has	as not been filed for the property, please contact the Assessor	r's
		Office immediately. The deadline for timely filing a Claim for	r W <mark>elf</mark> are Exemption is February 15 each year. Where there is	а
			ed if both the organization and the use of the property meet all	of
		the requirements for the exemption.		
4.	∐ Yes ∐ No	Is the property, or a portion thereof, for which the exemption i income as defined in section 512 of the Internal Revenue Co	is claimed a bookstore that generates unrelated business taxab	le
		income as defined in section 312 of the internal Nevertue of	oue:	
			d with the Internal Revenue Service must accompany this claim	
		Property taxes as determined by establishing a ratio of the income will be levied.	he unrelated business taxable income to the bookstore's gro	SS
_	□ Vaa □ Na		manage of the mathematic hands are a large and a second size	
Э.	∐ Yes ∐ No	Is any of the owned property used for sales or business purp	poses other than a bookstore? If yes, please explain.	
6.	☐ Yes ☐ No	Is any equipment or other property at this location being leas	ised or rented from someone else?	
		If yes , list in the remarks section the name and address of	the owner and the type, make, model, and serial number of the	ne
		property. "Exclusive use" is not required for this exemption, t	the lessee's possession is sufficient evidence of use.	
		The benefit of a property tax exemption must inure to the le	essee institution; the lessee may be entitled to claim a refund	of
		taxes paid by the lessor. See section 202.2 of the Revenue a		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

	to also claim the exemption on the Lesso		
PROP	ERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description of from most recent tax state	or map book, page and parcel number ement)	Primary use: Incidental use:	
Area: (Acres or square fe	et)		
☐ Buildings and Improveme	nts	Primary use:	
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction		
	THIS	Incidental use:	
Personal Property: Des <mark>cri</mark> applicable. (Attach a sepan	be - include cost and acquisition dates ate sheet if necessary.)	Primary use: Incidental use:	
EMARKS			
	DO	NOT	
		SE!	
Who	om should we contact during norma	Il business hours for additional information?	
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		
()			
I certify (or declare) under including any accor		FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.	
NAME OF PERSON MAKING CLAIM		TITLE	
SIGNATURE OF PERSON MAKING C	AIM	DATE	