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

OR FREE MUSEUM.

This claim is filed for fiscal year 20_ - 20

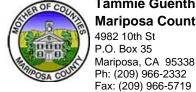
(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address) È

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

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NAME OF PERSON N	IAKING CLAIM TITLE
NAME AND ADDRES	S OF OWNER OF LAND AND BUILDINGS (if different from above)
NAME OF INSTITUTIO	N
MAILING ADDRESS (DF INSTITUTION (CITY, STATE, ZIP CODE)
ADDRESS OF PROPI	ERTY (NUMBER AND STREET) ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP C	
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION
Check the type	e of qualifying exclusive use of the property. If filing for the first time, attach a copy of the lease or agreement.
	MUSEUM
1. 🗌 Yes 🗌 No	b Is admittance to the library or museum free? If no, please explain:
2. 🗌 *Yes 🗌 No	o If a library, is there a user charge for the use of books, periodicals, or facilities?
3. 🗌 *Yes 🗌 No	o If a museum, is there a charge for viewing the museum contents?
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is a user charge, a <i>Claim for Welfare Exemption</i> may be allowed 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 is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.
5. 🗌 Yes 🗌 No	b Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:
6. 🗌 Yes 🗌 No	o Is any equipment or other property at this location being leased 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 property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.
	The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.
	THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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Tammie Guenthart

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Monday-Friday:8am-5pm

Mariposa County Assessor

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 not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION				STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)				Primary use:
				Incidental use:
Area: (Acres o	r square feet)			
Buildings and Improvements				Primary use:
Bldg. No. or Name		lo. of Rooms	Type of Construction	
	7		//S	Incidental use:
Personal Prope applicable. (Atta	erty: Describe - in ach a separate she	clude cost a et if necessa	and acquisition dates if	Primary use: Incidental use:
REMARKS				
	Ľ		0	NOT
			US	SE!
	Whom sh	ould we co	ntact during normal b	ousiness hours for additional information?
NAME				TITLE
DAYTIME TELEPHONE	<u>-</u>	EMAIL	ADDRESS	I
				ICATION
l certify (or decl including	are) under penalty g any accompanyi	γ of perjury ι ing statemer	under the laws of the Stants of the laws of the Stants or documents, is true	te of California that the foregoing and all information contained herein, correct, and complete to the best of my knowledge and belief.
NAME OF PERSON MA	AKING CLAIM			TITLE
SIGNATURE OF PERS	ON MAKING CLAIM			DATE

