EF-263-B-R04-0522-23000053-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m.,



MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020

Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

Katrina Bartolomie

January 1, 20___

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 $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

	receive the full exemption, this claim must filed with the Assessor by February 15.
L	filled with the Assessor by February 13.
If you no longer seek an exemption at this location, check 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)	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
ABBRESS OF THOSE EXTENSION STREET	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the primary and the primar	operty.
The exemption claim is made for the following property: (if there are numerous properties, ple property and the name and address of	
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land	
☐ Buildings and Improvements	_
☐ Personal Property	•
Yes No Does the lease/agreement confer upon the lessee the exclusive right to posse	ssion and use of the property?
☐ Yes ☐ No Is the claimant a lessee or operator of real or personal property owned by a pustate university, or University of California that is used exclusively for communi University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school	ol purposes?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement	t.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the fo accompanying statements or documents, is true and correct to the best of	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

