EF-268-B-R10-0514-24000421-1 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.



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us\assessor

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)

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

						with	the Assesso	r by Februar	ry 15.
	L				ل				
NAI	ME OF PERSON N	IAKING CLAIM					TITLE		
NAI	ME AND ADDRESS	OF OWNER OF	LAND <mark>AN</mark> D BUILD	INGS (if different fr	om above)				
NAI	ME OF INSTITUTION	ON							
MA	ILING ADDRESS C	F INSTITUTION (CITY, STATE, ZIP	CODE)					
ADI	DRESS OF PROPE	ERTY (NUMBER A	ND STREET)				ASSESSOR'S F	PARCEL NUMBER	3
CIT	Y, COUNTY, ZIP C	ODE		1 /			LEASE TERMIN	NATION DATE	
DA	YS OF THE WEEK	OPEN TO THE P	JBLIC AND HOUR	S OF OPERATION					
./	T Check the type	of qualifying e	volusive use of	the property If	filing for the first	time attach a	conv of the leas	se or agreemer	
V	LIBRARY	or qualifying e	MUSEUM	the property. If	ming for the mist	time, attach a	copy of the leas	se or agreemen	и.
					If no, please exected of books, period		es?		
3.	*Yes No	If a museum,	is there a charg	ge for viewing th	ne museum conte	ents?			
		Office immed user charge,	iately. The dead	dl <mark>in</mark> e for timely f Ifare Exemption	iling a Claim for	W <mark>elf</mark> are Exemp	itio <mark>n is</mark> Februar	y 15 each year	act the Assessor's : Where there is a roperty meet all of
4.	☐ Yes ☐ No				the exemption is rnal Revenue Co		k <mark>sto</mark> re that gene	erates unrelated	d business taxable
			s as determine						ompany this claim. bookstore's gross
5.	Yes No	Is any of the o	wned property	used for sales o	or business purp	oses other than	a bookstore?	If yes, please e	explain:
6.	☐ Yes ☐ No	ls any equipm	ent or other pro	operty at this loc	ation being leas	ed or rented fro	m someone els	e?	
					and address of this exemption, the				rial number of the of use.
					st inure to the le			y be entitled to	claim a refund of

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



PROF	PERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED			
Land: (Legal description from most recent tax stat	or map book, page and parcel number ement)	Primary use: Incidental use:			
Area: (Acres or square fe	et)				
Buildings and Improveme	ents	Primary use:			
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction				
	THIS	Incidental use:			
Personal Property: Des <mark>cr</mark> applicable. (Attach a sepa	be - include cost and acquisition dates ate sheet if necessary.)	Primary use: Incidental use:			
REMARKS					
	DO	NOT			
		SE!			
Wh	om should we contact during norma	I business hours for additional information?			
NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
()					
I certify (or declare) under		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	LAIM	DATE			