EF-264-AH-R13-0522-25000073-1 BOE-264-AH (P1) REV. 13 (05-22)

204 Sout Court Street, Suite 106 Alturas, CA 96101

Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

Modoc County Assessor

Kristen DePaul

COLLEGE EXEMPTION CLAIM		
This claim is filed for fiscal year 20	20	
(Example: a person filing a timely claim in	 n J anuarv	201

(Examp	le: a person filing a t imely claim in January 2011 nter "2011-2012.")
This cl	aim must be filed by 5:00 p.m., February 15.
	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

FOR ASSESSOR'S USE ONLY				
Received by _	(Assessor's designee)			
	(Assessor's designee)			
of				
	(county or city)			
on				
· · ·	(date)			
L				

		of		
		(count	ty or city)	
L		on	date)	
_	_		,	
If you no longer seek an exemption at this	location, check here Sign and retu	rn this form to the Assessor. Date	e vacated:	
NAME OF CLAIMANT	$-H \cap$		\overline{A}	
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE)	
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DES	CRIPTION	DATE PROPERTY	Y WAS FIR <mark>ST</mark> USEI	D BY CLAIMANT
	<u> </u>			
1. Owner and operator: (check applicable l	boxes)			
Claimant is:	or	/		
and claims exemption on all Lan	d Buildings and improvements	and/or Personal proper	ty	
2. Does the above institution qualify as a c	ollege or seminary of learning under the	ne laws of the State of California?		
3. Is the institution conducted as a non-pro	ifit entity?	VU		
4. Does the institution require for regular a	dmission the completion of a four-year	high school course or its equivalent	ent?	
5. Does the institution confer upon its gradu and sciences, or on a course of at least veterinary medicine, pharmacy, architec YES NO	three y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, su	c <mark>h as law, theo</mark> log <mark>y,</mark> education, me		
6. Is the property for which the exemption	is claimed used exclusively for the pu	rposes of education?		
YES NO		L		
 List all buildings and other improvement sheet if necessary. Indicate whether lea 				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
25.22.115 3 11372.112111			 □ LEASE	□ OWN
			LEASE	□ OWN
			LEASE	□OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	□OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

