EF-264-AH-R13-0522-26000118-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

## CALFORNIA

## Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

LEASE

This claim must be filed by 5:00 p.m., Feb	oruary 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			FOR ASSESSOR'S USE ONLY			
(маке несеззату сопесионя to the printed hame	e and maining address)		Received by	: designee)		
			of(county	or city)		
L		_ [	ON(da	ate)		
If you no longer seek an exemption at this lo	cation, check here Sign and	return	this form to the Assessor. Date	vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT			D	AYTIME TELEPH )	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)	A A A					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT	
Owner and operator: (check applicable bo Claimant is:      Owner and operator		only				
and claims exemption on all Land	☐ Buildings and improvemen	nts a	and/or Personal property	/		
2. Does the above institution qualify as a col		ler the I	aws of the State of California?			
3. Is the institution conducted as a non-profit	t entity?					
Does the institution require for regular adr     YES  NO	mission the completion of a four-	year hi	gh school course or its equivale	nt?		
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu  YES  NO	ree years in professional studies	, such				
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for th	e purpo	oses of education?			
YES NO						
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENTAL USE			
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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