EF-263-B-R03-0519-27000182-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035

Xochitl Marina Camacho

Fax: (831) 755-5435 assessor@co.monterey.ca.us

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

			ceive the full exemption, this claim must
	_	be ille	ed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OF ORGANIZATION NAME			
LESSEE 3 CORFORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			
CITY, COUNTY, ZIP CODE	1 <i>1 V I I</i>		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the pri	imary and incidental qualifyi	ng uses of the prope	rty.
The exemption claim is made for the following prop	perty: (if there are numerous property and the nar		
PROPERTY TYPE	PRIMARY US		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 possession and use of the property?			
	alifornia that is used exclusi		school, community college, state college, ollege, state college, state university, or
Yes No Does the claimant own personal property used at this property for public school purposes?			
Note: If requested by the assessor, the claimant sl	าall provide a copy of the lea	ase or agreement.	
	CERTIFICATI	ON	
I certify (or declare) under penalty of perjury under accompanying statements of			
SIGNATURE OF PERSON MAKING CLAIM			DATE
NAME OF PERSON MAKING CLAIM			TITLE
E-MAIL ADDRESS			DAYTIME TELEPHONE

