EF-264-AH-R13-0522-27000103-1 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 timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.



Xochitl Marina Camacho Monterey County Assessor

FOR ASSESSOR'S USE ONLY

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P. O. Box 570

Salinas, CA 93902-0570
Phone: (831) 755-5035
Fax: (831) 755-5435
assessor@co.monterey.ca.us

	CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY						
	(Make necessary corrections to the printed name	e and mailing address)	Recei	ved by					
	ı	'	IXCCCI	(Assessor's	designee)				
			of						
			0	(county	or city)				
			on						
	L		J	(da	te)				
16									
If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:									
ΝΔ	NAME OF CLAIMANT								
INA	IVAIVIE OF CLATIVIAINT								
TIT	LE OF CLAIMANT			DA	AYTIME TELEPH	ONE NUMBER			
CO	CORPORATE NAME OF THE COLLEGE								
ADI	DRESS (Street, City, County, State, Zip Code)								
A C	SESSOR'S PARCEL NUMBER OR LEGAL DESC	PIDTION		DATE DOODEDTY!	WAS FIRST LIST	D DV CLAIMANIT			
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY	WAS FIRST USE	D B CLAIMAN I			
									
1. (Owner and operator: (check applicable bo								
(Claimant is:	☐ Owner only ☐ Operator only	/						
and claims exemption on all Land Buildings and improvements and/or Personal property									
2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?									
YES NO									
2		2			!				
3.	3. Is the institution conducted as a non-profit entity?								
	YES NO								
4.	Does the institution require for regular adr	mission the completion of a four-year	high sch	ool course or its equivaler	nt?				
	YES NO								
5 [5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts								
	and sciences, or on a course of at least th								
	veterinary medicine, pharmacy, architectu					, 0 0,			
	YES NO								
6. Is the property for which the exemption is claimed used exclusively for the purposes of education?									
0.									
	YES NO								
	7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate								
sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.									
	BUILDING & IMPROVEMENTS	PRIMARY USE	ı	NCIDENTAL USE					
					LEASE	OWN			
					-				
					LEASE				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION





