EF-264-AH-R13-0522-29000045-1 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 J anuary 2011 would enter "2011-2012.")



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

This claim must be filed by 5:00 p.m., February 15.	
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	Received by
	, , , ,
	Of(county or city)
	on
	(only)
If you no longer seek an exemption at this location, check here Sign and retu	rn this form to the Assessor. Date vacated:
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Owner and operator: (check applicable boxes)	
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator only	
and claims exemption on all	and/or Personal property
2. Does the above institution qualify as a college or seminary of learning under the YES NO	ne laws of the State of California?
3. Is the institution conducted as a non-profit entity? YES NO	
4. Does the institution require for regular admission the completion of a four-year YES NO	high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic or profession and sciences, or on a course of at least three years in professional studies, su veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism YES NO	ch as law, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used exclusively for the pu	rposes of education?
YES NO	·F

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	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM