L

LESSEES' EXEMPTION CLAIM

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

CONTRACTOR OF THE OFFICE

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Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779

www.ocgov.com/assessor

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)

To receive the full exemption, this claim must be filed with the Assessor by February 15.

If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated:_

| IDENTIFICATION OF APPLICANT | | _ |
|---|--|-------------------------------|
| LESSEE'S CORPORATE 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 | | ASSESSOR'S PARCEL NUMBER |
| USE OF PROPERTY Check and state the | primary and incidental qualifying uses of the prop | perty. |
| The exemption claim is made for the following p | roperty: (if there are numerous properties, pleas property and the name and address of | |
| PROPERTY TYPE | PRIMARY USE | 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? | | |
| | rator of real or personal property owned by a pub california that is used exclusively for community s? | |
| Yes No Does the claimant own persona | al property used at this property for public school | purposes? |
| Note: If requested by the assessor, the claimant | shall provide a copy of the lease or agreement. | |
| | CERTIFICATION | |
| | ler the laws of the State of California that the fore or documents, is true and correct to the best of i | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE |
| NAME OF PERSON MAKING CLAIM | | TITLE |
| E-MAIL ADDRESS | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

