263-B-R02-0810-31000261-1 -263-B (P1) REV. 02 (08-10) <b>LESSEES' EXEMPTION CLAIM</b> Declaration of property information as of 12:01 a.m., January 1, 20 PROPERTY <b>USED EXCLUSIVELY FOR</b> PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	-	Placer County Assessor 2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov
		To receive the full exemption, this claim must be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
IDENTIFICATION OF PROPERTY         ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY         Check and state the primary and incompared		
The exemption claim is made for the following property: (if the	re are numerous proper erty and the name and a	
The exemption claim is made for the following property: (if the		
The exemption claim is made for the following property: (if the property)	rty and the name and a	ddress of the lessee)
The exemption claim is made for the following property: (if the property PROPERTY TYPE	rty and the name and a	ddress of the lessee)
The exemption claim is made for the following property: (if the property of the property of the property of the lease of the property of the lease o	orty and the name and a PRIMARY USE see the exclusive right to personal property owned	ddress of the lessee) INCIDENTAL USE
The exemption claim is made for the following property: (if the property of th	erty and the name and a PRIMARY USE see the exclusive right to personal property owned is used exclusively for c	ddress of the lessee) INCIDENTAL USE

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SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

