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LESSEES' EXEMPTION CLAIM

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

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Matthew R. Maynard Placer County Assessor 2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

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 propert	y.
The exemption claim is made for the following property: <i>(if there are numerous properties, please a property and the name and address of the</i>	
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?
Yes No Is the claimant a lessee or operator of real or personal property owned by a public s state university, or University of California that is used exclusively for community co University of California purposes?	
Yes No Does the claimant own personal property used at this property for public school pur	poses?
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoi accompanying statements or documents, is true and correct to the best of my	• • • • •
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION