EF-263-B-R04-0522-32000126-1 BOE-263-B (P1) REV. 04 (05-22)

## LESSEES' EXEMPTION CLAIM

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



1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

Cynthia L. Froggatt

CindieFroggatt@countyofplumas.com

**Plumas County 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

1	) l	e 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	11.	
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE	TIVII	A <mark>SS</mark> ESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	e primary and incidental qualifying uses of the p	roperty.
The exemption claim is made for the following	property: (if there are numerous properties, ple property and the name and address	
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?		
	erator of real or personal property owned by a prof of California that is used exclusively for commun ses?	
Yes No Does the claimant own person	nal property used at this property for public scho	ool purposes?
Note: If requested by the assessor, the claiman	nt shall provide a copy of the lease or agreemen	nt.
	CERTIFICATION	
	nder the laws of the State of California that the fo ts or documents, is true and correct to the best o	oregoing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

