EF-264-AH-R13-0522-32000120-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM** This claim is filed for fiscal year 20

- 20

1 Crescent Street Quincy, CA 95971

Phone: 530-283-6380 Fax: (530) 283-6195

Cynthia L. Froggatt

**Plumas County Assessor** 

(Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	CindieFroggatt@countyofplumas.com
This claim must be filed by 5:00 p.m., February 15.	FOR ASSESSOR'S USE ONLY
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)  \( \sigma \)	Received by
	of(county or city)
L	on(date)
If you no longer seek an exemption at this location, check here $\ $ Sign and $\ $	return 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 CLAIMAN
1. Owner and operator: (check applicable boxes)  Claimant is:   Owner and operator   Owner only   Operator	only
and claims exemption on all	ats and/or Dersonal property
2. Does the above institution qualify as a college or seminary of learning under YES NO	er the laws of the State of California?
3. Is the institution conducted as a non-profit entity?  YES NO	VUI
4. Does the institution require for regular admission the completion of a four-y YES NO	year high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic or profe and sciences, or on a course of at least three years in professional studies, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal YES NO	, such as law, theology, education, medicine, dentistry, engineering
6. Is the property for which the exemption is claimed used <b>exclusively</b> for the YES NO	e purposes of education?

**BUILDING & IMPROVEMENTS PRIMARY USE INCIDENTAL USE**  $\square$  OWN LEASE LEASE LEASE  $\square$  OWN LEASE LEASE 

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.

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