EF-264-AH-R13-0522-33000063-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Peter Aldana Assessor-County Clerk-Recorder

PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

County of Riverside

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS	CLAIMANT NAME AND MAILING ADDRESS			R ASSESSOR'S	S USE ONLY	
(Make necessary corrections to the printed name	,	-	Paceived by			
I			Received by	(Assessor's o	designee)	
			of	(county c	ur city)	
				(county c	r city)	
L		_	on	(dat	e)	
If you no longer seek an exemption at this loo	cation check here Sign and r	ا turi	this form to the	Assessor Date v	vacated:	
in you no longer seek an exemption at this loc	Sation, electricie Sign and I	Cluii	Tulis form to the	Assessor. Date (acateu	
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DA (YTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					_	
ADDRESS (Street, City, County, State, Zip Code)	A A //					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	RIPTION	F		DATE PROPERTY V	VAS FIR <mark>ST</mark> USEI	D BY CLAIMANT
1. Owner and operator: (check applicable bo						
Claimant is:	☐ Owner only☐ Operator of Duildings and improvement	-	and/or D	ersonal property		
Does the above institution qualify as a coll						
YES NO	ege of serimary of learning and	T G I C	and of the oldic	o or odinornia:		
3. Is the institution conducted as a non-profit YES NO	entity?			/		
Does the institution require for regular adm YES NO	nission the completion of a four-ye	ear I	nigh school cours	e or its equivalen	t?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture YES NO	ree years in professional studies,	sucl	as law, theology			
6. Is the property for which the exemption is	claimed used exclusively for the	pur	ooses of educatio	n?		
YES NO						
7. List all buildings and other improvements to sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENT	AL USE		
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

