EF-264-AH-R12-0516-35000248-1 BOE-264-AH (P1) REV. 12 (05-16)

## **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.")



## Tom J. Slavich San Benito County Assessor

440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033

www.cosb.us/government/assessor

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

	CLAIMANT NAME AND MAILING ADDRESS  Make necessary corrections to the printed name	e and mailing address)			
ŗ	-	·	FOR ASSESSOR	S USE ONLY	
			Received by	do signo a)	
			(Assessor's	aesignee)	
			Of(county	or city)	
L	-	_	on(da	fol	
NAME OF C	LAIMANT	110	(OE	ite)	
TITLE OF CL	AIMANT	41.5	D	YTIME TELEPHO	ONE NUMBER
CORPORAT	E NAME OF THE COLLEGE			,	
ADDRESS (S	Street, City, County, State, Zip Code)				
ACCECCOD	S PARCEL NUMBER OR LEGAL DESC	PURTION	DATE PROPERTY	MAC FIDET LICE	D DV CLAIMANI
ASSESSUR	S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN
1. Owner a	and operator: (check applicable but is: ☐ Owner and operator		y		
and clai	ms exemption on all	☐ Buildings and improvements	and/or	,	
2. Does the		llege or seminary of learning under t	he laws of the State of California?		
	stitution conducted as a non-prof	t entity?			
YES			V 🔾 /		
4. Does the		mission the completion of a four-yea	r high school course or its equivale	nt?	
		tes at least one academic or professi	onal degree, based on a course of a	least two year	s in liberal art
and scie	nces, or on a course of at least th	nree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stu</mark> dies, su	ich <mark>as law, theology, e</mark> ducation, med		
veterina		ire, fine arts, commerce, or journalis	m?		
		claimed used <b>exclusively</b> for the po	urposes of education?		
YES		,			
		for which exemption is claimed and	state the primary and incidental use	of each. Attac	h a separate
		ed or owned. Please use a separate		Parcel Numbe	r.
BUI	LDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				LEASE	OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If <b>YES</b> , plea	-	since 12:01 a.m., January 1 o	of last year?
	aal Revenue Code?	ternal Revenue Service mus	at accompany this claim. Property taxes,
10. Has any of the property listed above YES NO If <b>YES</b> , plea		ther than a student bookstor	e?
11. If any business is operated by some	one other than the college, attach a	copy of the lease or other ag	greement. Please explain:
property listed is not <b>used exclusi</b> property, provide the name and add.  The benefit of a property tax exemp Taxation Code.	e name and address of the owner a vely for educational purposes at the lress of the owner.	on. If taxes paid by the lesson	and serial number of the property. If the te the other uses of the property. If real r, see section 202.2 of the Revenue and
<ul><li>substituted.</li><li>Attach a separate page, or of degree.</li></ul>	current catalog, listing the degrees co	onferred upon the graduates	and the requirements for each
Attach a copy of the financia	al statem <mark>ents (balanc</mark> e sh <mark>eet</mark> and op	<mark>er</mark> atin <mark>g statement for the pre</mark>	ceding fiscal year.)
Whom should	we contact during normal busi	ness hours for additional	
NAIVIE			TITLE
DAYTIME TELEPHONE  ( )	EMAIL ADDRESS		
( )	CERTIFICA	TION	
	rjury under the laws of the State of C nts or documents, is true, correct, a		and all information hereon, including any
SIGNATURE OF PERSON MAKING CLAIM	into or documento, is true, correct, di	ia complete to the best of III.	TITLE
<b></b>			
NAME OF PERSON MAKING CLAIM			DATE

