EF-263-B-R04-0522-36000081-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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)

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654

To receive the full exemption, this claim must be filed with the Assessor by February 15.

L	لـ	, ,
If you no longer seek an exemption at this location	on, check here $\ \square$ Sign and return this form to t	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)	1 // // P/	
CITY, COUNTY, ZIP CODE	IIVII L	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	operty.
The exemption claim is made for the following pr	operty: (if there are numerous properties, plea property and the name and address of	
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		_
Personal Property		
Yes No Does the lease/agreement conf	er upon the lessee the exclusive right to posses	ssion and use of the property?
Yes No Is the claimant a lessee or oper state university, or University of University of California purpose	California that is used exclusively for communit	
☐ Yes ☐ No Does the claimant own personal property used at this property for public school purposes?		
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 und accompanying statements	er the laws of the State of California that the for or documents, is true and correct to the best of	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

