EF-263-B-R04-0522-36000048-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY 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

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.

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If you no longer seek an exemption at this locat	ion, check here $\ \ \ \ $ Sign and return this form to the	he 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)	1 <i>N/IP/I</i>	
CITY, COUNTY, ZIP CODE	IIVII L	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	e primary and incidental qualifying uses of the pro	perty.
The exemption claim is made for the following p	property: (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 confer upon the lessee the exclusive right to possession and use of the property?		
Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?		
Yes No Does the claimant own personal property used at this property for public school purposes?		
Note: If requested by the assessor, the claimar	nt shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the fore s or documents, is true and correct to the best of	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
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E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

