EF-264-AH-R13-0522-37000153-1 BOE-264-AH (P1) REV. 13 (05-22)

YES

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

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.")



Jordan Marks San Diego County Assessor

1600 Pacific Highway, Suite 103 San Diego, CA 92101 Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov

This	claim	must be	filed	bv 5:00	p.m	February	15
	0.0		,	<i>D</i> , 0.00	ρ,		

This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make page 2004 corrections to the printed some and mailing address)	FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name and mailing address)	Received by			
	Of(county or city)			
L	On(date)			
If you no longer seek an exemption at this location, check here $\ \ \ \ $ Sign and r	eturn this form to the Assessor. Date vacated:			
NAME OF CLAIMANT				
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER			
CORPORATE NAME OF THE COLLEGE	D ,			
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator of	only			
and claims exemption on all Land Buildings and improvement	s and/or Personal property			
2. Does the above institution qualify as a college or seminary of learning under YES NO	r the laws of the State of California?			
3. Is the institution conducted as a non-profit entity? YES NO	V			
4. Does the institution require for regular admission the completion of a four-year YES NO	ear high school course or its equivalent?			
5. Does the institution confer upon its graduates at least one academic or profes and sciences, or on a course of at least three years in professional studies, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal	such as law, theology, education, medicine, dentistry, engineering,			

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.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL 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



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