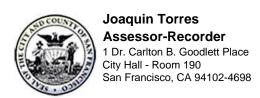
EF-263-A-R06-0612-38000397-1 BOE-263-A (P1) REV. 06 (06-12)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

L	commencement date of the lease.
DENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	11.51.54
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
DENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 - 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the property.
The exemption claim is made for the following p	roperty: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the les	see the exclusive right to possession and use of the property.
	stitution is one whose property qualifies for the free public library, free museum, public school, ge, state university, University of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the control (one dollar) or any other nomination.	option at the end of the lease term of acquiring the above property described in the lease for \$1 al sum.
	ee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit ent for the exemption. A separate affidavit is required of each lessee.
	CERTIFICATION
	der the laws of the State of California that the foregoing and all information hereon, including any sor documents, is true and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ()
	\ /

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	JIIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	property	
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM	STATE COLLEGE	☐ NONPROFIT COLLEGE
☐ PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
The following property is leased as of Janeetc. Attach a separate listing if necessary.	LESSOR MAY REQUEST A COPY OF THE LEASI	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	
	USE	
Yes No The lessee institution has (one dollar) or any other in		the above property described in the lease for \$1
	CERTIFICATION ry under the laws of the State of California that the fo	
accompanying state SIGNATURE OF PERSON MAKING CLAIM	ments or documents, is true and correct to the best of	of my knowledge and belief.
SIGNALURE OF PERSON IMAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE ()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

