EF-263-B-R04-0522-38000122-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



Joaquin Torres Assessor-Recorder

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

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)

> 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 location, check here Sign and return this form to the Assessor. Date vacated:	
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	$H \rightarrow L \rightarrow A$
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	1 // // /- /- /- /
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 TY <mark>PE</mark>	PRIMARY USE INCIDENTAL 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?	
	rator of real or personal property owned by a public school, community college, state college, california that is used exclusively for community college, state college, state university, or es?
Yes No Does the claimant own personal property used at this property for public school purposes?	
Note: If requested by the assessor, the claiman	shall provide a copy of the lease or agreement.
	CERTIFICATION
	ler the laws of the State of California that the foregoing and all information hereon, including any s or 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
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

