	ADCOUNT	Joaquin Torres		
EF-264-AH-R13-0522-38000124-1	E all	Assessor-Recorder		
BOE-264-AH (P1) REV. 13 (05-22)		1 Dr. Carlton B. Goodlett Place City Hall - Room 190		
	The state	San Francisco, CA 94102-4698		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	128.032	×		
This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY		
Γ	Г	Received by		
		Of (county or city)		
		on		
L		(date)		
If you no longer seek an exemption at this location, check here	Sign and retu	In this form to the Assessor. Date vacated:		
NAME OF CLAIMANT				
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMAN		
1. Owner and operator: (<i>check applicable boxes</i>) Claimant is: Owner and operator Owner only	Operator only			
	d improvements	and/or Personal property		
2. Does the above institution qualify as a college or seminary o	· · ·			
YES NO	in learning under th			
3. Is the institution conducted as a non-profit entity?				
4. Does the institution require for regular admission the comple	tion of a four-year	r high school course or its equivalent?		
YES NO				
5. Does the institution confer upon its graduates at least one aca				
and sciences, or on a course of at least three years in profes veterinary medicine, pharmacy, architecture, fine arts, comm		ch as law, theology, education, medicine, dentistry, engineering		
YES NO	eree, or journalish			
	husikashi faritha	reason of advection?		
6. Is the property for which the exemption is claimed used excl	usively for the pul			
YES NO				

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	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-264-AH-R13-0522-38000124-2 BOE-264-AH (P2) REV. 13 (05-22)				
8. Has any construction commenced a	nd/or been completed on this parcel since 12:01 a.m., January 1 ase explain:	1 of last year?		
as defined in section 512 of the Inter YES NO If YES , a copy of the institution's n	for which an exemption is claimed a student bookstore that gene nal Revenue Code? nost recent tax return filed with the Internal Revenue Service mu tio of the unrelated business taxable income to the bookstore's g	ust accompany this claim. Property taxes,		
10. Has any of the property listed abov	e been used for business purposes other than a student booksto ase explain:	ore?		
11. If any business is operated by some	cone other than the college, attach a copy of the lease or other a	agreement. Please explain:		
YES NO	being leased or rented from someone else? e name and address of the owner and the type, make, model, ively for educational purposes at the collegiate level, please st dress of the owner.			
The benefit of a property tax exem Taxation Code.	otion must inure to the lessee institution. If taxes paid by the less ADDITIONAL REQUIRED DOCUMENTATION	sor, see section 202.2 of the Revenue and		
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each discussion. 				
 degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 				
Whom should we contact during normal business hours for additional information?				
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS	I		
()				
	CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any				

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE NAME OF PERSON MAKING CLAIM DATE

