EF-264-AH-R13-0522-39000071-1 BO

C

Т (E would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.



Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658 www.sjgov.org/assessor_recorder

OE-264-AH (P1) REV. 13 (05-22)	S. P. S.
OLLEGE EXEMPTION CLAIM	\ \
his claim is filed for fiscal year 20 20 Example: a person filing a t imely claim in January 2011	WEOR

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR	'S USE ONLY	
(Make necessary corrections to the printed name	e and mailing address)	Received by		
		(Assessor's	designee)	
		Of(county	or city)	
		on		
L		(da	ate)	
f you no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT		Di	AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE)	
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
1. Owner and operator: (check applicable bo				
Claimant is: Owner and operator	• • •		,	
and claims exemption on all Land 2. Does the above institution qualify as a col				
YES NO	lege of seminary of learning under th	e laws of the State of California?		
B. Is the institution conducted as a non-profit	t entity?			
YES NO				
4. Does the institution require for regular adr	mission the completion of a four-year	high school course or its equivale	nt?	
YES NO				
5. Does the institution confer upon its gradua				
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu			dicine, dentistry	y, engineering
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements	for which exemption is claimed and s	tate the primary and incidental use	e of each. Attac	ch a separate
sheet if necessary. Indicate whether lease	ed or owned. Please use a separate	claim form for each Assessor's	s Parcel Numl	ber.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			LEASE	□ OWN



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM