EF-263-B-R03-0519-40000170-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

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



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)

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

	To receive the full exemption, this claim must
L IDENTIFICATION OF ARRUNANT	be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)	API FI
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and incid	ental qualifying uses of the property.
	are num <mark>ero</mark> us prope <mark>rt</mark> ies, please attach a list that clearly identifies the and the name and address of the lessee)
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
☐ Yes ☐ No Does the lease/agreement confer upon the lesse	e the exclusive right to possession and use of the property?
	sonal property owned by a public school, community college, state college, used exclusively for community college, state college, state university, or
Yes No Does the claimant own personal property used a	t this property for public school purposes?
Note: If requested by the assessor, the claimant shall provide a co	opy of the lease or agreement.
	RTIFICATION
	State of California that the foregoing and all information hereon, including any 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

