### **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



#### MARK CHURCH Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4501 Fax: (650) 599-7456 email: assessor@smcacre.gov web: www.smcacre.gov

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	- Г	
L	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.	
IDENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY Check and state the primary and incidental of The exemption claim is made for the following property: (if there are no property and t		
PROPERTY TYPE PRIMA	RY USE INCIDENTAL USE	
Land		
Buildings and Improvements		
Personal Property		
Yes No The lease confers upon the lessee the exclusive right t	o possession and use of the property.	
	roperty qualifies for the free public library, free museum, public school, ersity of California, or nonprofit college property tax exemption.	
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.		
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.		
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 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

# A FEIDAVIT FOR EVECUTION BY OUAL LEVING INSTITUTIONAL LESS

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the		
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
	STATE UNIVERSITY	
NAME OF LESSOR MAILING ADDRESS CITY, STATE, ZIP CODE	+1S	S-A
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
The following property is leased as of Jan etc. Attach a separate listing if necessary.	uary 1 of this year. If personal property is being lease	
(REAL OR PERSONAL)	PROPERTY DESCRIPTION	
	USE	
Yes No The lessee institution has (one dollar) or any other r	the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1
	CERTIFICATION	
I certify (or declare) under penalty of perju	ry under the laws of the State of California that the fo	pregoing and all information hereon, including any

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE
	( )

accompanying statements or documents, is true and correct to the best of my knowledge and belief.

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