	OF SAM	MARK CHURCH
-263-B-R02-0810-41000343-1 E-263-B (P1) REV. 02 (08-10) LESSEES' EXEMPTION CLAIM Declaration of property information as of 12:01 a.m.,	CO C	Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4501
January 1, 20	*OUNDED 1856	Fax: (650) 599-7456
PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR		email: assessor@smcacre.gov web: www.smcacre.gov
UNIVERSITY OF CALIFORNIA		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
Г		
		To receive the full exemption, this claim mus
L		be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		N A
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
ADDRESS OF FROFERIT (NOWBER AND STREET		
CITY, COUNTY, ZIP CODE	VII	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary and	l incidental qualifying uses of	the property.
The exemption claim is made for the following property: (if pro	there are num <mark>erous</mark> propertie operty and the name and add	
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement confe ^r upon the	lessee the exclusive right to p	possession and use of the property?
		y a public school, community college, state college, nmunity college, state college, state college, state university, or
University of California purposes?		
Note: If requested by the assessor, the claimant shall provid	le a copy of the lease or agree	ement.
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws accompanying statements or document		

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

