EF-264-AH-R13-0522-42000130-1 BOE-264-AH (P1) REV. 13 (05-22)



Joseph E. Holland County Clerk, Recorder and Assessor

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P.O. Box 159

Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310

COLLEGE EXEMPTION CLAIM		
This claim is filed for fiscal year 20	20 _	
(Example: a person filing a timely claim in	n January	2011
would enter "2011-2012.")		

This claim must be filed by 5:00 p.m., Fel	oruary 15.		IS HOT SHE	,
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOR	'S USE ONLY	
	and maining address)	Received by	- di	
		(Assessor	s designee)	
		of(counts	or city)	
L	٦	on(c	late)	
If you no longer seek an exemption at this lo	cation, check here Sign and retu	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT		5	AYTIME TELEPH	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 FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable both Claimant is: Owner and operator)	oxes) Owner only Operator only	у	_ =	
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal propert	у	
Does the above institution qualify as a co YES NO	llege or seminary of learning under t	he laws of the State of California?		
3. Is the institution conducted as a non-profi	t entity?	V U I		
4. Does the institution require for regular add YES NO NO	mission the completion of a four-year	r high school course or its equivale	ent?	
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree years in professional studies, su	ich <mark>as law, theo</mark> logy <mark>,</mark> education, me		
6. Is the property for which the exemption is	claimed used exclusively for the n	irnoses of education?		
YES NO	cialified asea exclusively for the pr	diposes of education:		
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM