EF-263-B-R04-0522-43000128-1 BOE-263-B (P1) REV. 04 (05-22)

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) Lawrence E. Stone **Santa Clara County Assessor**

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

To receive the full exemption, this claim must be filed with the Assessor by February 15.

L		
If you no longer seek an exemption at this locati	ion, check here $\ \ \ \ $ Sign and return this form to th	ne Assessor. Date vacated:
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)	1 // // / 	
CITY, COUNTY, ZIP CODE	<i>1////////////////////////////////////</i>	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the prop	perty.
The exemption claim is made for the following p	property: (if there are numerous properties, pleas property and the name and address of	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
☐ Land		
☐ Buildings and Improvements		-
Personal Property		
Yes No Does the lease/agreement con	lfe <mark>r u</mark> pon the l <mark>es</mark> see the exclusive ri <mark>ght</mark> to possess	and use of the property?
	r <mark>ator of real</mark> or per <mark>sonal property owned by a p</mark> ub f California that is used exclusively for community	
University of California purpose	es?	
☐ Yes ☐ No Does the claimant own person	al property used at this property for public school	purposes?
	p. cpo, acca at the p. cpo, pashe coc.	Par. Passon
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the fore s or documents, is true and correct to the best of i	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

