EF-264-AH-R13-0522-48000125-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	SOLAND COLONE	Glenn Zook Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	of	FOR ASSESSOR'S USE ONLY d by
If you no longer seek an exemption at this location, check here NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this form	DAYTIME TELEPHONE NUMBER
 ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and 		DATE PROPERTY WAS FIRST USED BY CLAIMANT
 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 		
 4. Does the institution require for regular admission the complet YES NO 5. Does the institution confer upon its graduates at least one acade and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, commendation YES NO 6. Is the property for which the exemption is claimed used exclusion YES NO 	demic or professional degree, sional studies, such as law, th erce, or journalism?	based on a course of at least two years in liberal arts beology, education, medicine, dentistry, engineering,

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-48000125-2 BOE-264-AH (P2) REV. 13 (05-22)				
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain:				
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property tax as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 				
10. Has any of the property listed above been used for business purposes other than a student bookstore?				
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:				
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If the property, provide the name and address of the owner. 				
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue a Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION				
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 				
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 				
Whom should we contact during normal business hours for additional information?				
NAME TITLE				
DAYTIME TELEPHONE EMAIL ADDRESS				
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, correct, and complete to the best of my knowledge and belief.

 SIGNATURE OF PERSON MAKING CLAIM
 TITLE

NAME OF PERSON MAKING CLAIM	DATE

