EF-264-AH-R13-0522-49000152-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

## **COLLEGE EXEMPTION CLAIM**This claim is filed for fiscal year 20 \_

(Example: a person filing a timely claim in January 2011

\_ - 20

ADICALTURE SOUTHY

Rm 104 Fiscal Bldg 585 Fiscal Dr.

**Deva Marie Proto** 

585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

Sonoma County Clerk-Recorder-Assessor

 $\square$  LEASE

LEASE

 $\square$  OWN

FAX: (707) 565-3317

www.sonoma-county.org/assessor

| This claim must be filed by 5:00 p.m., Febr                                                            | uary 15.                                  |                                     |                    |                |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------|----------------|
| CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) |                                           | FOR ASSESSOR'S USE ONLY             |                    |                |
| (imake necessary corrections to the printed name a                                                     | and mailing address)                      | Received by                         | sor's designee)    |                |
|                                                                                                        |                                           | · ·                                 | sor's designee)    |                |
|                                                                                                        |                                           | of                                  | unty or city)      |                |
|                                                                                                        | ,                                         | on                                  | (date)             |                |
| L                                                                                                      | ل                                         |                                     | (date)             |                |
| f you no longer seek an exemption at this loc                                                          | ation, check here 🗌 Sign and ret          | urn this form to the Assessor. Da   | ate vacated:       |                |
| NAME OF CLAIMANT                                                                                       |                                           |                                     |                    |                |
| NAME OF CLAIMANT                                                                                       | <b></b>                                   |                                     |                    |                |
| TITLE OF CLAIMANT                                                                                      |                                           |                                     | DAYTIME TELEPH     | IONE NUMBER    |
| CORPORATE NAME OF THE COLLEGE                                                                          |                                           |                                     | ( )                |                |
| OUN STATE NAME OF THE COLLEGE                                                                          |                                           |                                     |                    |                |
| ADDRESS (Street, City, County, State, Zip Code)                                                        | A A A I                                   |                                     |                    |                |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR                                                                | IPTION                                    | DATE PROPER                         | TY WAS FIRST USE   | D BY CLAIMANT  |
|                                                                                                        | <b></b>                                   |                                     |                    |                |
| 1. Owner and operator: (check applicable box                                                           | (es)                                      |                                     |                    |                |
|                                                                                                        | ☐ Owner only ☐ Operator on                | ly                                  |                    |                |
| and claims exemption on all Land                                                                       | ☐ Buildings and improvements              | and/or Personal prop                | erty               |                |
| 2. Does the above institution qu <mark>al</mark> ify as a colle                                        | ege or seminary of learning under         | the laws of the State of California | a?                 |                |
| YES NO                                                                                                 |                                           |                                     |                    |                |
| 3. Is the institution conducted as a non-profit                                                        | entity?                                   | $\mathbf{V} \mathbf{V} \mathbf{J}$  |                    |                |
| YES NO                                                                                                 |                                           |                                     |                    |                |
| 4. Does the institution require for regular adm                                                        | ission the completion of a four-year      | ar high school course or its equive | alent?             |                |
| YES NO                                                                                                 |                                           |                                     |                    |                |
| 5. Does the institution confer upon its graduate                                                       |                                           |                                     |                    |                |
| and sciences, or on a course of at least throweterinary medicine, pharmacy, architecture               |                                           |                                     | medicine, dentistr | y, engineering |
| YES NO                                                                                                 |                                           |                                     |                    |                |
| 6. Is the property for which the exemption is c                                                        | claimed used <b>exclusively</b> for the p | urposes of education?               |                    |                |
| YES NO                                                                                                 | ,                                         | •                                   |                    |                |
| 7. List all buildings and other improvements fo                                                        | or which exemption is claimed and         | etate the primary and incidental    | use of each Atta   | ch a congrata  |
| sheet if necessary. Indicate whether leased                                                            |                                           |                                     |                    |                |
| BUILDING & IMPROVEMENTS                                                                                | PRIMARY USE                               | INCIDENTAL USE                      |                    |                |
|                                                                                                        |                                           |                                     | LEASE              | OWN            |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

NAME OF PERSON MAKING CLAIM

DATE

