EF-263-A-R06-0612-50000383-1 BOE-263-A (P1) REV. 06 (06-12)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

L	commencement date of the lease.	
IDENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 20	
CITY, COUNTY, ZIP CODE	A <mark>SS</mark> ESSOR'S PARCEL NUMBER	
USE OF PROPERTY √ Check and state the primary and incidental qu	ualifying uses of the property.	
The exemption claim is made for the following property: (if there are nur property and the	merous prope <mark>rti</mark> es, please attach a list that clearly identifies the e name and address of the lessee)	
PROPERTY TYPE PRIMAR	Y USE INCIDENTAL USE	
Land		
☐ Buildings and Improvements		
☐ Personal Property		
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to	possession and use of the property.	
	operty qualifies for the free public library, free museum, public school, rsity of California, or nonprofit college property tax exemption.	
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.		
Important: A lessee's affidavit, in which the lessee attests to the above st will result in denial of one time reporting treatment for the exemption. A se		
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true an		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	STIONAL LEGGLE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
✓ Check the type of qualifying use of the present	roperty	
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE
☐ PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.		
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DESCRIPTION		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.		
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 and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM DATE		
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE ()

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