EF-263-B-R03-0519-50000204-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20__.



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

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)

		To receive the full exemption, this claim must
L	_	be filed with the Assessor by February 15.
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)	\mathcal{N}/\mathcal{I}	
CITY, COUNTY, ZIP CODE	IVII	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the prima	ry and incidental qualifying uses of t	he property.
The exemption claim is made for the following propert	y: (if there are numerous properties property and the name and addr	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		_
Personal Property		
Yes No Does the lease/agreement confer upon	on the lessee the exclusive right to p	ossession and use of the property?
☐ Yes ☐ No Is the claimant a lessee or operator of state university, or University of California purposes?	f real or personal property owned by ornia that is used exclusively for com	a public school, community college, state college, amunity college, state college, state university, or
Yes No Does the claimant own personal prop	perty used at this property for public	school purposes?
Note: If requested by the assessor, the claimant shall	provide a copy of the lease or agree	ement.
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the accompanying statements or do	e laws of the State of California that to cuments, is true and correct to the b	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE