EF-263-B-R03-0519-50000143-1

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)

1			ı			ion, this claim must by February 15.
IDENTIFICATION OF APPLICANT			_			2, 1 22.22.7
LESSEE'S CORPORATE OR ORGANIZATION NAME						
MAILING ADDRESS			•			
WALLING ABBRESS	71.					4
CITY, STATE, ZIP CODE						
CORPORATE ID (IF ANY)						
IDENTIFICATION OF PROPERTY	A A					
ADDRESS OF PROPERTY (NUMBER AND STREET)						
	4 /					
CITY, COUNTY, ZIP CODE					ASSESSOR'S PARCE	LNUMBER
USE OF PROPERTY Check and state the	e primary and in	ncidental qua	lifying uses o	of the property.		
The exemption claim is made for the following p	property: (if the	ere are nume	rous propert	ies, please atta	ch a list that clearly	identifies the
	prop			Idress of the les		
PROPERTY TYPE		PRIMARY	USE		INCIDENTA	AL USE
Land						
☐ Buildings and Improvements						
Personal Property						
Yes No Does the lease/agreement cor	nfer upon the le	ssee the exc	lusive right to	possession ar	nd use of the proper	rtv?
Yes No Is the claimant a lessee or ope	erator of real or	personal pro	perty owned	by a public sch	ool, community col	lege, state college.
state university, or University of	of California that					
University of California purpos	es?					
Yes No Does the claimant own person	nal property use	d at this prop	erty for publi	ic school purpo	ses?	
Note: If requested by the assessor, the claimar	nt shall provide	a copy of the	lease or agr	eement.		
		CERTIFICA	ATION			
I certify (or declare) under penalty of perjury un accompanying statement						
SIGNATURE OF PERSON MAKING CLAIM					DATE	
NAME OF PERSON MAKING CLAIM					TITLE	
E-MAIL ADDRESS					DAYTIME TELEPHONE	
					\ <i>I</i>	

