EF-264-AH-R13-0522-50000080-1 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 timely claim in January 2011 would enter "2011-2012.")



## Don H. Gaekle **Stanislaus County Assessor** 1010 Tenth Street, Suite 2400

Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586

LEASE

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 $\square$  OWN

www.stancounty.com/assessor

Th	is claim must be filed by 5:00 p.m., Feb	ruary 15			
CLAIMANT NAME AND MAILING ADDRESS		-	FOR ASSESSOR'S USE ONLY		
	(Make necessary corrections to the printed name	and mailing address)	Received by		
			(Assessor's	designee)	
			Of(county of	or city)	
			on		
	L	_	(da	te)	
If y	ou no longer seek an exemption at this loo	cation, check here 🗌 Sign and retu	urn this form to the Assessor. Date	vacated:	
NAI	ME OF CLAIMANT	110	10	A	
TIT	LE OF CLAIMANT	7/3	DA	YTIME TELEPHO	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE				
ADI	DRESS (Street, City, County, State, Zip Code)	A A A I			
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
1. (	Owner and operator: (check applicable bo	xes)			
	Claimant is: Owner and operator Owner only Operator only				
and claims exemption on all Land Buildings and improvements and/or Personal property					
2. I	Does the above institution qu <mark>al</mark> ify as a col	lege or seminary of learning under t	he laws of the State of California?		
3. I	s the institution conducted as a non-profit  YES NO	entity?	VUI		
4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?  YES NO					
á	Does the institution confer upon its graduated and sciences, or on a course of at least the veterinary medicine, pharmacy, architectured YES NO	ree years in professional studies, su	ch as law, theology, education, med		
6. I	s the property for which the exemption is	claimed used <b>exclusively</b> for the pu	urposes of education?		
YES NO					
	List all buildings and other improvements is sheet if necessary. Indicate whether lease				
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				LEASE	OWN
				LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM