EF-264-AH-R13-0522-52000135-1 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.")

This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS

Burley Phillips Tehama County Assessor

FOR ASSESSOR'S USE ONLY

444 Oak Street - Room B P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019 assessor@tehama.gov Hours:8am-5pm Monday through Friday

	(Make necessary corrections to the printed name		7	Received by		
	·			(Assessor	s designee)	
				of(county	or city)	
				on		
	L		_	(0	ate)	
lf yo	u no longer seek an exemption at this lo	ocation, check here Sign and re	etur	n this form to the Assessor. Date	vacated:	
NAM	E OF CLAIMANT	1 /C,				
TITLI	E OF CLAIMANT				AYTIME TELEPH	ONE NUMBER
COR	PORATE NAME OF THE COLLEGE					
ADD	RESS (Street, City, County, State, Zip Code)	A A A				
ASS	ESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION		DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
			F			
	wner and operator: (check applicable booksilaimant is:		ر ا م			
	nd claims exemption on all Land	•	-	and/or Personal propert	V	
	oes the above institution qualify as a co					
	YES NO	, samuel sam				
3. Is	the institution conducted as a non-profi	t entity?	7			
	YES NO		\			
4. D	oes the institution require for regular ad	mission the completion of a four-ye	ear	high school course or its equivale	ent?	
	YES NO					
	oes the institution confer upon its gradua					
	nd sciences, or on a course of at least the eterinary medicine, pharmacy, architectu				aicine, dentistr	y, engineering,
	YES NO					
6. Is	the property for which the exemption is	claimed used exclusively for the	pur	poses of education?		
	YES NO					
	ist all buildings and other improvements					
sh	heet if necessary. Indicate whether lease	1	ate		s Parcel Num	ber.
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDENTAL USE		
					LEASE	OWN
-			-		LEASE	OWN
					LEASE	
-					LEASE	
					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM