EF-264-AH-R13-0522-53000123-1 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 t imely claim in January 2011 would enter "2011-2012.")

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

Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name ☐	e and mailing address)	Received by			
		(Assess	or's designee)		
		of(cou	nty or city)		
			,,		
L	_	on	(date)		
If you no longer seek an exemption at this lonal NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESC. 1. Owner and operator: (check applicable book claimant is: Owner and operator and claims exemption on all Land 2. Does the above institution qualify as a col YES NO 3. Is the institution conducted as a non-profit	RIPTION Divide the second of	DATE PROPER	DAYTIME TELEPH TY WAS FIRST USE		
YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its gradual				re in liberal arte	
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, s	such as law, theology, education, n			
6. Is the property for which the exemption is	claimed used exclusively for the r	ourposes of education?			
YES NO					
7. List all buildings and other improvements	for which exemption is claimed and	t state the primary and incidental i	ise of each Atta	ch a cenarate	
sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			LEASE	□ OWN	
			LEASE	OWN	
			LEASE	OWN	
			LEASE	OWN	
			LEASE	OWN	
			LEASE	OWN	



