EF-264-AH-R13-0522-53000113-1 ВО

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P.O. Box 1255 Weaverville, CA 96093

**County Clerk-Recorder-Assessor** 

**Shanna White** 

Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

BOE-264-AH (P1) REV. 13 (05-22)	
COLLEGE EXEMPTION CLAIM	
This claim is filed for fiscal year 20 20	200
(Example: a person filing a timely claim in January 2011	
would enter "2011-2012.")	

This claim must be filed by 5:00 p.m., Fel	oruary 15.			,
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	FOR ASSESSOR'S USE ONLY		
Г	¬	Received by	designee)	
		of	3,	
		(county	or city)	
L	_	on	ate)	
	_	(W		
If you no longer seek an exemption at this lo	cation, check here Sign and ret	urn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT	+		$\overline{A}$	
TITLE OF CLAIMANT		D	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			, ,	
ADDDECC /Obrest City County Otate 7in Code				
ADDRESS (Street, City, County, State, Zip Code)	$\Lambda$ $\Lambda$ $\Lambda$			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
	<del></del>			
1. Owner and operator: (check applicable bo				
·	Owner only Operator on	•		
and claims exemption on all Land		and/or Personal property		
2. Does the above institution qualify as a co	liege or seminary of learning under t	ne laws of the State of California?		
3. Is the institution conducted as a non-profi	t entity?	<b>\</b>		
YES NO	t chury:	V		
4. Does the institution require for regular ad	mission the completion of a four-year	r high school course or its equivale	nt?	
YES NO				
5. Does the institution confer upon its gradua				
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture.			alcine, dentistr	y, engineering,
YES NO				
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of education?		
YES NO				
7. List all buildings and other improvements	for which exemption is claimed and	state the primary and incidental use	e of each. Attac	ch a separate
sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			□ I EASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM