EF-264-AH-R13-0522-53000080-1 BOE-264-AH (P1) REV. 13 (05-22)

would enter "2011-2012.")

COLLEGE EXEMPTION CLAIM

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

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011



Shanna White County Clerk-Recorder-Assessor P.O. Box 1255

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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		
		(Assessor's	s designee)	
		of(county	or city)	
			203/	
L	_	on	ate)	
f	vestion shook have			
f you no longer seek an exemption at this lo	ocation, check here Sign and retu	irn this form to the Assessor. Date	vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			AYTIME TELEPHO	NE NUMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIMANT				
1. Owner and operator: (check applicable bo	oxes)			
Claimant is:		y		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property	У	
2. Does the above institution qu <mark>al</mark> ify as a co	llege or seminary of learning under the	ne laws of the State of California?		
YES NO				
3. Is the institution conducted as a non-profi	t entity?	V L / I		
YES NO				
4. Does the institution require for regular ad	mission the completion of a four-yea	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 th	nree y <mark>ea</mark> rs in pro <mark>fes</mark> sional studies, su	ch as law, theology, education, me		
veterinary medicine, pharmacy, architectu YES NO	are, line arts, commerce, or journalist			
	alabased used and the best of the fi	was a standard of the Co		
6. Is the property for which the exemption is	ciaimed used exclusively for the pu	irposes of education?		
YES NO				
7. List all buildings and other improvements				
sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	_	
			LEASE	OWN
			LEASE	
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM