## QUALIFIED LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES



Kaenan Whitman Tuolumne County Assessor - Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

(Make necessary corrections to the printed name and mailing address)	7	
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.	
IDENTIFICATION OF APPLICANT		
LESSOR'S CORPORATE OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE	SISA	
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 20 ASSESSOR'S PARCEL NUMBER	
<b>USE OF PROPERTY</b> Check and state the primary and incidental The exemption claim is made for the following property: (if there are in property and		
PROPERTY TYPE	ARY USE INCIDENTAL USE	
Land		
Buildings and Improvements		
Personal Property		
☐ Yes ☐ No The lease confers upon the lessee the exclusive right	to possession and use of the property.	
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.		
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.		

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

AFFIDA	VIT FOR EXECUTION BY QUALIFYING INSTIT	UTIONAL LESSEE	
NAME OF QUALIFYING LESSEE INSTITUT	ION		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of	of the property		
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA	
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE	
PUBLIC SCHOOL	STATE UNIVERSITY		
MAILING ADDRESS	HIS P	$\mathbf{S} \mathbf{\Delta}$	
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE	
The following property is leased as of etc. Attach a separate listing if necess PROPERTY TYPE			
(REAL OR PERSONAL)			
	USE		
Yes No The lessee institutio (one dollar) or any o	n has the option at the end of the lease term of acquiring ther nominal sum.	g the above property described in the lease for \$1	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

	( )	
EMAIL ADDRESS	DAYTIME TELEPHONE	
NAME OF PERSON MAKING CLAIM	TITLE	
SIGNATURE OF PERSON MAKING CLAIM	DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

