QUALIFIED LESSORS' EXEMPTION CLAIM

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

NAME AND MAILING ADDRESS (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	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY 📈 Check and state the primary and incidental qua	alifying uses of the property.
The exemption claim is made for the following property: (if there are num property and the	erous properties, please attach a list that clearly identifies the name and address of the lessee)
PROPERTY TYPE PRIMARY	USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to p	possession and use of the property.
	perty qualifies for the free public library, free museum, public school, sity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of the lead (one dollar) or any other nominal sum.	ase term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above sta will result in denial of one time reporting treatment for the exemption. A set	

CERTIFICATION

	ate of California that the foregoing and all information hereon, including any e 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

AFFIDAVIT F NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	ITIONAL LESSEE
MAILING ADDRESS		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the	property	
FREE PUBLIC LIBRARY		UNIVERSITY OF CALIFORNIA
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE
PUBLIC SCHOOL	STATE UNIVERSITY	
NAME OF LESSOR		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE
The following property is leased as of Januetc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being lease	d, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	
	O M	
	USE	
☐ Yes ☐ No The lessee institution has (one dollar) or any other n	the option at the end of the lease term of acquiring ominal sum.	the above property described in the lease for \$1
	CERTIFICATION	
I certify (or declare) under penalty of perjur	y under the laws of the State of California that the fo	regoing 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

