EF-263-B-R02-0810-55000272-1 BOE-263-B (P1) REV. 02 (08-10)

## LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20\_\_.

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



## 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

	To receive the full exemption, this claim must
L	□ be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	rimary and incidental qualifying uses of the property.
The exemption claim is made for the following p	perty: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
Yes No Does the lease/agreement conf	r upon the lessee the exclusive right to possession and use of the property?
☐ Yes ☐ No Is the claimant a lessee or oper state university, or University of University of California purpose	tor of real or personal property owned by a public school, community college, state college, California that is used exclusively for community college, state college, state university, or ?
Note: If requested by the assessor, the claimant	shall provide a copy of the lease or agreement.
	CERTIFICATION
	or the laws of the State of California that the foregoing and all information hereon, including any 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
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

