EF-264-AH-R12-0516-55000201-1 BOE-264-AH (P1) REV. 12 (05-16)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



## 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

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

| CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name       | e and mailing address)               |                                      |                                |                |
|---|--------------------------------------|--------------------------------------|--------------------------------|----------------|
| Г   | ٦                                    | FOR ASSESSOR                         | S'S USE ONLY                   |                |
|   |                                      | Received by                          |                                |                |
|   |                                      | (Assessor                            | 's designee)                   |                |
|   |                                      | Of(count                             | y or city)                     |                |
| L   | _                                    | on                                   |                                |                |
|   |                                      | (0                                   | date)                          |                |
| NAME OF CLAIMANT  |                                      |                                      |                                |                |
| TITLE OF CLAIMANT   |                                      |                                      | DAYTIME TELEPHO                | ONE NUMBER     |
| CORPORATE NAME OF THE COLLEGE   |                                      |                                      | ,                              |                |
| ADDRESS (Street, City, County, State, Zip Code)   |                                      |                                      |                                |                |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESC  | RIPTION                              | DATE PROPERTY                        | ' WAS FIR <mark>ST</mark> USEI | D BY CLAIMANT  |
|   |                                      |                                      |                                |                |
| 1. Owner and operator: (check applicable bo   |                                      |                                      |                                |                |
|   | Owner only Operator onl              | •                                    |                                |                |
| and claims exemption on all   | ☐ Buildings and improvements         | and/or Personal propert              | -                              |                |
| 2. Does the above institution qualify as a col  | lege or seminary of learning under t | he laws of the State of California?  |                                |                |
| 3. Is the institution conducted as a non-profit   | entity?                              |                                      |                                |                |
| YES NO  | . Critity .                          |                                      |                                |                |
| 4. Does the institution require for regular adr   | mission the completion of a four-yea | r high school course or its equivale | ent?                           |                |
| YES NO  |                                      |                                      |                                |                |
| 5. Does the institution confer upon its gradual   |                                      |                                      |                                |                |
| and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu   |                                      |                                      | edicine, dentistry             | /, engineering |
| YES NO  |                                      |                                      |                                |                |
| 6. Is the property for which the exemption is   | claimed used exclusively for the pu  | urposes of education?                |                                |                |
| YES NO  |                                      |                                      |                                |                |
| 7. List all buildings and other improvements sheet if necessary. Indicate whether lease |                                      |                                      |                                |                |
| BUILDING & IMPROVEMENTS   | PRIMARY USE                          | INCIDENTAL USE                       |                                |                |
|   |                                      |                                      | LEASE                          | OWN            |
|   |                                      |                                      | LEASE                          | OWN            |
|   |                                      |                                      | LEASE                          | OWN            |
|   |                                      |                                      | LEASE                          | □ OWN          |
|   |                                      |                                      | LEASE                          | $\square$ OWN  |
|   |                                      |                                      | LEASE                          | $\square$ OWN  |
|   | <del></del>                          |                                      |                                |                |

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| 8. Has any construction commenced ar YES NO If <b>YES</b> , plea   | d/or been completed on this parcel since se explain:                  | e 12:01 a.m., January 1 of last year?  |          |
|--|---|--|----------|
| as defined in section 512 of the Inter YES NO If <b>YES</b> , a copy of the institution's m  | nal Revenue Code?  ost recent tax return filed with the Interna       | ent bookstore that generates unrelated business taxable incor<br>al Revenue Service must accompany this claim. Property taxe<br>ome to the bookstore's gross income, will be levied.   |          |
| 10. Has any of the property listed above YES NO If <b>YES</b> , plea   | e been used for business purposes other use explain:                  | than a student bookstore?  |          |
| 11. If any business is operated by some  | one other than the college, attach a copy                             | y of the lease or other agreement. Please explain:   |          |
| YES NO  If <b>YES</b> , list on a separate sheet the property listed is not <b>used exclus</b> property, provide the name and address. | vely for educational purposes at the coll<br>dress of the owner.      | the type, make, model, and serial number of the property. If the literal liter | eal      |
|  | ADDITIONAL REQUIRED DOC   | CUMENTATION  |          |
| substituted.   |   | A current catalog showing the requirements may be rred upon the graduates and the requirements for each  |          |
| S .  | al statem <mark>en</mark> ts (balance sh <mark>eet</mark> and operati | in <mark>g statement f</mark> or the preceding fiscal year.)   |          |
| Whom should  | l we contact during normal business                                   | s hours for additional information?  |          |
| NAME   |   | TITLE  |          |
| DAYTIME TELEPHONE  | EMAIL ADDRESS   |  |          |
| ( )  | CERTIFICATIO  | <br>DN   |          |
|  | rjury under the laws of the State of Califo                           | ornia that the foregoing and all information hereon, including a   | —<br>any |
| SIGNATURE OF PERSON MAKING CLAIM   | into or documents, is true, correct, and co                           | omplete to the best of my knowledge and belief.  TITLE   | —        |
| NAME OF PERSON MAKING CLAIM  |   | DATE   |          |
|  |   | [:   |          |

