EF-263-B-R02-0810-56000364-1 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)



## Keith Taylor ASSESSOR OF VENTURA COUNTY

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

|  | 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 primary and incident           | lental qualifying uses of the property.  |
|  | are numerous properties, please attach a list that clearly identifies the vand 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 confer upon the less               | e the exclusive right to possession and use of the property?   |
|  |  |
|  | sonal property owned by a publ <mark>ic school, community college, state college, used exclusively for community college, state college, state university, or</mark> |
|  |  |
| Note: If requested by the assessor, the claimant shall provide a c | opy of the lease or agreement.   |
| CE   | RTIFICATION  |
|  | State of California that the foregoing and all information hereon, including any true and correct to the best of my knowledge and belief.                            |
| SIGNATURE OF PERSON MAKING CLAIM                                   | DATE   |
| NAME OF PERSON MAKING CLAIM  | 777.6  |
| IVAIVIE OF FERSOIN MARING CLAIM                                    | TITLE  |
| E-MAIL ADDRESS   | DAYTIME TELEPHONE  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

