-264-AH-R13-0522-56000125-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	Keith Taylor ASSESSOR OF VENTURA COUNTY 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY Received by
L	on
If you no longer seek an exemption at this location, check here Sign and re NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes)	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Claimant is: Owner and operator Owner only Operator or	-
 and claims exemption on all Land Buildings and improvements 2. Does the above institution qualify as a college or seminary of learning under YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	
 4. Does the institution require for regular admission the completion of a four-ye YES NO 5. Does the institution confer upon its graduates at least one academic or profess and sciences, or on a course of at least three years in professional studies, s veterinary medicine, pharmacy, architecture, fine arts, commerce, or journality YES NO 	sional degree, based on a course of at least two years in liberal arts such as law, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used exclusively for the property for	purposes of education?

YES NO

EF

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-56000125-2 BOE-264-AH (P2) REV. 13 (05-22)	
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., Ja YES NO If YES , please explain:	nuary 1 of last year?
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore thas defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Ser as determined by establishing a ratio of the unrelated business taxable income to the bookstop 	vice must accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a student YES NO If YES , please explain:	bookstore?
11. If any business is operated by someone other than the college, attach a copy of the lease or	r other agreement. Please explain:
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, property listed is not used exclusively for educational purposes at the collegiate level, pl property, provide the name and address of the owner. 	
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by Taxation Code.	
 Attach a separate page showing the requirements for admission. A current catal substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the gr degree. Attach a copy of the financial statements (balance sheet and operating statement for admission). 	raduates and the requirements for each
Whom should we contact during normal business hours for ad	Iditional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	I
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the for	regoing and all information hereon. including any
accompanying statements or documents, is true, correct, and complete to the b	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

