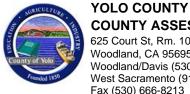
QUALIFIED LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

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



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

(Make necessary corrections to the printed name and mailing address)	Г
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	SIN A
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
	ntal qualifying uses of the property. re numerous properties, please attach a list that clearly identifies the nd the name and address of the lessee)
PROPERTY TYPE	IMARY USE INCIDENTAL USE
Land	
Buildings and Improvements	
Personal Property	
Yes No The lease confers upon the lessee the exclusive right	ant to possession and use of the property.
	se property qualifies for the free public library, free museum, public school, University of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of (one dollar) or any other nominal sum.	the lease term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the abo will result in denial of one time reporting treatment for the exemptior	ove statement(s) is provided. Failure to submit/complete the lessee's affidavit n. A separate affidavit is required of each lessee.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing 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



RETURN THIS AFFIDAVIT TO LESSOR

A FEIDAVIT FOR EVECUTION BY OUAL LEVING INSTITUTIONAL LESS

AFFIDAVIT FO NAME OF QUALIFYING LESSEE INSTITUTION	R EXECUTION BY QUALIFYING INSTITU	UTIONAL LESSEE				
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
Check the type of qualifying use of the pr	operty					
FREE PUBLIC LIBRARY	FREE PUBLIC LIBRARY COMMUNITY COLLEGE UNIVERSITY OF CALIFOR					
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				
etc. Attach a separate listing if necessary.	y 1 o <mark>f this ye</mark> ar. I <mark>f personal</mark> property is being le <mark>ase</mark>	ed, indicate the type, make, model, serial number,				
PROPERTY TYPE						
(REAL OR PERSONAL)	(REAL OR PERSONAL)					
	O M					
	USE					
Yes No The lessee institution has the (one dollar) or any other nor		the above property described in the lease for \$1				
	CERTIFICATION					
I and the found and any here do not any the state of the						

I certify (or declare) under pena	lty of perjury	under the	aws of the	e State of	f California	that the	foregoing a	nd all informa	tion hereon,	including any
accompanying statements or documents, is true and correct to the best of my knowledge and belief.											

	()			
EMAILADDRESS	DAYTIME TELEPHONE			
NAME OF PERSON MAKING CLAIM	TITLE			
SIGNATURE OF PERSON MAKING CLAIM	DATE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

