EF-264-AH-R13-0522-57000089-1	COUNTY ASSESSOR
BOE-264-AH (P1) REV. 13 (05-22)	625 Court St, Rm. 104 Woodland, CA 95695
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.")	Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.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
Г	□ Received by
	of(county or city)
	on
L	(date)
If you no longer seek an exemption at this location, check here 🗌 Sign and	nd return this form to the Assessor. Date vacated
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only Operato	
and claims exemption on all Land Buildings and improveme	
2. Does the above institution qualify as a college or seminary of learning unit	inder the laws of the State of California?
3. Is the institution conducted as a non-profit entity?	
4. Does the institution require for regular admission the completion of a four	ur-year high school course or its equivalent?
 Does the institution confer upon its graduates at least one academic or prof and sciences, or on a course of at least three years in professional studie veterinary medicine, pharmacy, architecture, fine arts, commerce, or journ 	ies, such as law, theology, education, medicine, dentistry, engineering,
YES NO	
6. Is the property for which the exemption is claimed used exclusively for the	the purposes of education?
YES NO	

YOLO COUNTY

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

 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain: 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable as 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 Service must accompany this claim. Property as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain: 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain: 12. Is any equipment or other property being leased or rented from someone else? YES NO YES NO YES NO YES NO YES NO 	income
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12. Is any equipment or other property being leased or rented from someone else?	
property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property 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 the lessor, see section 202.2 of the Rever Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION	iue and
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 	
Whom should we contact during normal business hours for additional information?	
NAME	
DAYTIME TELEPHONE EMAIL ADDRESS	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, include	ling on

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

