EF-264-AH-R13-0522-01000097-1



## **Phong La ALAMEDA COUNTY ASSESSOR**

LEASE

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

## 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 timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., Feb	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY		
Ė .	٦	Received by	or's designee)	
		(Assess	or's designee)	
		of(cou	inty or city)	
		,	, ,,	
L	لـ	on	(date)	
If you no longer seek an exemption at this lo	cation_check here ☐ Sign and retu	rn this form to the Assessor Da	ite vacated:	
in you no longer cook an exemplion at all o	Satisfi, check field [] Sigit and total	In the form to the Adoescor. Bu	nte vacateu	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)	A A A			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPER	TY WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
	<b>— /////</b>			
1. Owner and operator: (check applicable bo	exes)			
Claimant is:	☐ Owner only ☐ Operator only	/		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal prope	erty	
2. Does the above institution qualify as a col	lege or seminary of learning under the	ne laws of the State of California	?	
3. Is the institution conducted as a non-profit YES NO	t entity?	V U		
4. Does the institution require for regular adr	mission the completion of a four-year	high school course or its equiva	alent?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th				
veterinary medicine, pharmacy, architectu			nedioine, derition	y, ongineering,
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	□ OWN
			LEASE	□ OWN
			LEASE	□ OWN



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM