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FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



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James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

This claim is filed for fiscal year 20_	20	
(Example: a person filing a timely claim in J	January 2011	would enter
"2011-2012.")		

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form with the Assessor by February 15.

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NA	ME OF PERSON M	/AKING CLAIM	TITLE
NAI	ME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)	
NAI	ME OF INSTITUTIO	ON	TO A
MA	ILING ADDRESS O	DF INSTITUTION (CITY, STATE, ZIP CODE)	
ADI	DRESS OF PROPE	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
CIT	Y, COUNTY, ZIP CO	CODE	LEASE TERMINATION DATE
DA	YS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION	
\checkmark	Check the type	e of qualifying exclusive use of the property. If filing for the t	irst time, attach a copy of the lease or agreement.
	LIBRARY	MUSEUM	
1.	🗌 Yes 🗌 No	o Is admittance to the library or museum free? If no, please	explain:
2.	🗌 *Yes 🗌 No	o If a librar <mark>y, is there a</mark> user charge for the use of books, pe	eriodicals, or facilities?
3.	🗌 *Yes 🗌 No	o If a museum, is there a charge for viewing the museum c	ontents?
		Office immediately. The deadline for timely filing a Claim	has not been filed for the property, please contact the Assessor's for Welfare Exemption is February 15 each year. Where there is a wed if both the organization and the use of the property meet all of
4.	☐ Yes ☐ No	Is the property, or a portion thereof, for which the exemption income as defined in section 512 of the Internal Revenue	on is <mark>claimed a booksto</mark> re that generates unrelated business taxable e Code?
			led with the Internal Revenue Service must accompany this claim. the unrelated business taxable income to the bookstore's gross
5.	🗌 Yes 🗌 No	o Is any of the owned property used for sales or business p	urposes other than a bookstore? If yes, please explain:
6.	🗌 Yes 🗌 No	o Is any equipment or other property at this location being le	eased or rented from someone else?
		If yes , list in the remarks section the name and address property. "Exclusive use" is not required for this exemptio	of the owner and the type, make, model, and serial number of the n, the lessee's possession is sufficient evidence of use.
		The benefit of a property tax exemption must inure to the taxes paid by the lessor. See section 202.2 of the Revenue	e lessee institution; the lessee may be entitled to claim a refund of le and Taxation Code.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION			ON	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)		and parcel number	Primary use:	
from most recent tax statement)				Incidental use:
Area: (Acres o	or square feet)			
Buildings and	Improvements			Primary use:
Bldg. No. or Name	No. of	No. of Rooms	Type of Construction	
	7		1 15	Incidental use:
Personal Prop applicable. (Att	erty: Des <mark>cri</mark> be - i ach a separate sho	nclude cost eet if necess	and acquisition dates if ary.)	Primary use: Incidental use:
REMARKS				
)	0	NOT
			US	SE!
	Whom sh	nould we c	ontact during normal	ousiness hours for additional information?
NAME				TITLE
DAYTIME TELEPHON	E	EMAIL	ADDRESS	
<u> </u>				FICATION
		ty of perjury /ing stateme	under the laws of the Sta ents or documents, is true	ate of California that the foregoing and all information contained herein, , correct, and complete to the best of my knowledge and belief.
NAME OF PERSON MAKING CLAIM				TITLE
SIGNATURE OF PERS	SON MAKING CLAIM			DATE

