EF-268-B-R10-0514-03000195-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

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



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 f	or fiscal year 20) 20		
(Example: a person filii	ng a timely claim in	January 2011	would	ente
'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.

			With the Assessor by F	ebruary 15.
L		ل		
NAME OF PERSON	MAKING CLAIM		TITLE	_
NAME AND ADDRE	SS OF OWNER OF LAND AND BUILDINGS (if different	from above)		
NAME OF INSTITU	TION			
MAILING ADDRESS	S OF INSTIT <mark>UT</mark> ION (CITY, STATE, ZIP CODE)			
ADDRESS OF PRO	PERTY (NUMBER AND STREET)		ASSESSOR'S PARCEL	NUMBER
CITY, COUNTY, ZIP	CODE		LEASE TERMINATION	DATE
DAYS OF THE WEE	EK OPEN TO THE PUBLIC AND HOURS OF OPERATION)N		
Check the ty	pe of qualifying exclusive use of the property. I	If filing for the first time,	attach a copy of the lease or a	greement.
LIBRARY	MUSEUM			
	No Is admittance to the library or museum free			
3.	No If a museum, is there a charge for viewing	the museum contents?		
	*If yes , and a BOE-267, <i>Claim</i> for <i>Welfam</i> Office immediately. The deadline for timely user charge, a <i>Claim</i> for <i>Welfare Exemptio</i> the requirements for the exemption.	filing a Claim for Welfa	ire Exemption is February 15 ea	ach year. Where there is a
4. Yes N	No Is the property, or a portion thereof, for which income as defined in section 512 of the International States o		ned a bookstore that generates u	unrelated business taxable
	If yes , a copy of the institution's most rece Property taxes as determined by establish income will be levied.			
5. Yes 1	No Is any of the owned property used for sales	or business purposes	other than a bookstore? If yes,	please explain:
6. Yes 1	No Is any equipment or other property at this lo	ocation being leased or	rented from someone else?	
	If yes , list in the remarks section the name property. "Exclusive use" is not required for			
	The benefit of a property tax exemption mutaxes paid by the lessor. See section 202.2			ntitled to claim a refund of

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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 a	also claim the exemption on the Lesso	rs' Exemption Claim.		
PROPERTY DESCRIPTION Land: (Legal description or map book, page and parcel number from most recent tax statement)		STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Primary use:		
Buildings and Improvements		Primary use:		
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction			
	HIS	Incidental use:		
Personal Property: Des <mark>cri</mark> be applicable. (Attach a separate	- include cost and acquisition dates sheet if necessary.)	Primary use: Incidental use:		
REMARKS				
		NOT		
		SE!		
Whom	should we contact during norma	Il business hours for additional information?		
DAYTIME TELEPHONE	EMAIL ADDRESS			
\ /	CFR	TIFICATION		
I certify (or declare) under per including any accomp		State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING CLAIM		TITLE		
SIGNATURE OF PERSON MAKING CLAIM		DATE		