EF-268-B-R10-0514-03000136-1 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 for fiscal year 20 20
(Example: a person filing a timely claim in 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.

		with the Assessor by February 15.
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NAME OF PERSON N	MAKING CLAIM	TITLE
NAME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)	
NAME OF INSTITUTION	ON	A
MAILING ADDRESS (OF INSTITUTION (CITY, STATE, ZIP CODE)	
ADDRESS OF PROPI	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP C	CODE	LEASE TERMINATION DATE
DAYS OF THE WEEK	COPEN TO THE PUBLIC AND HOURS OF OPERATION	
☐ LIBRARY	e of qualifying exclusive use of the property. If filing for the first t	ime, attach a copy of the lease or agreement.
	o Is admittance to the library or museum free? If no, please explored in the library, is there a user charge for the use of books, periodic	
	o If a museum, is there a charge for viewing the museum conter	
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has n Office immediately. The deadline for timely filing a Claim for Wuser charge, a <i>Claim for Welfare Exemption</i> may be allowed in the requirements for the exemption.	Velfare Exemption is February 15 each year. Where there is a
4. Yes No	Is the property, or a portion thereof, for which the exemption is a income as defined in section 512 of the Internal Revenue Code	
	If yes , a copy of the institution's most recent tax return filed w Property taxes as determined by establishing a ratio of the income will be levied.	
5. Yes No	o Is any of the owned property used for sales or business purpos	ses other than a bookstore? If yes, please explain:
6. Yes No	o Is any equipment or other property at this location being leased	d or rented from someone else?
	If yes , list in the remarks section the name and address of the property. "Exclusive use" is not required for this exemption, the	
	The benefit of a property tax exemption must inure to the less taxes paid by the lessor. See section 202.2 of the Revenue and	

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

PROPERTY DESCRIPTION		STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
Land: (Legal description or map book, page and parcel number from most recent tax statement)		Primary use:	
		Incidental use:	
Area: (Acres or square feet)		
Buildings and Improvement	s	Primary use:	
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction		
	THIS	Incidental use:	
Personal Property: Des <mark>cri</mark> be applicable. <i>(Attach a separat</i>	e - include cost and acquisition dates in establishment in acquisition dates in acquisition date in acquisition dates acquisition dates in acquisition dates	Primary use: Incidental use:	
EMARKS			
		NOT	
		SE!	
Who	n should we contact during norma	I business hours for additional information?	
IAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		
)	E aerobiteo		
		TIFICATION	
I certify (or declare) under poincluding any accom	enalty of perjury under the laws of the S panying statements or documents, is tru	State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.	
I certify (or declare) under princluding any accom	enalty of perjury under the laws of the S panying statements or documents, is tru	itale of California that the foregoing and all mormation contained herein, i.e., correct, and complete to the best of my knowledge and belief.	