EF-263-A-R07-0617-07000194-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

| _ commencement date of the lease | _ commencement date of the lease. | |
|--|-----------------------------------|--|
| IDENTIFICATION OF APPLICANT | | |
| LESSOR'S CORPORATE OR ORGANIZATION NAME | | |
| MAILING ADDRESS | 4 | |
| CITY, STATE, ZIP CODE | | |
| CORPORATE ID (IF ANY) | _ | |
| IDENTIFICATION OF PROPERTY | | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | FISCAL YEAR OF CLAIM 20 = 20 | |
| CITY, COUNTY, ZIP CODE | ELNUMBER | |
| USE OF PROPERTY ✓ Check and state the primary and incidental qualifying uses of the property. | | |
| The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clear property and the name and address of the lessee) | ly identifies the | |
| PROPERTY TYPE PRIMARY USE INCIDENT | TAL USE | |
| Land | | |
| ☐ Buildings and Improvements | | |
| ☐ Personal Property | | |
| Yes No The lease confers upon the lessee the exclusive right to possession and use of the property. | | |
| Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free r community college, state college, state university, University of California, or nonprofit college property to | | |
| Yes No The lessee institution has the option at the end of the lease term of acquiring the above property descr (one dollar) or any other nominal sum. | ibed in the lease for \$1 | |
| Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/comple will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee. | ete the lessee's affidavit | |
| CERTIFICATION | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information accompanying statements or documents, is true and correct to the best of my knowledge and belie | n hereon, including any f. | |
| SIGNATURE OF PERSON MAKING CLAIM DATE | | |
| NAME OF PERSON MAKING CLAIM TITLE | | |
| INAME OF FERGOR MARKING GEARM | | |
| EMAIL ADDRESS DAYTIME TELEPHONI () | E | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

| NAME OF QUALIFYING LESSEE INSTITUTION | EXECUTION BY QUALIFYING INSTIT | TOTIONAL LEGGLE | |
|---|----------------------------------|---------------------------------|--|
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| Check the type of qualifying use of the prope | rtv | | |
| FREE PUBLIC LIBRARY | COMMUNITY COLLEGE | UNIVERSITY OF CALIFORNIA | |
| ☐ FREE MUSEUM | ☐ STATE COLLEGE | ☐ NONPROFIT COLLEGE | |
| ☐ PUBLIC SCHOOL | STATE UNIVERSITY | | |
| NAME OF LESSOR | | | |
| MAILING ADDRESS | | SA | |
| CITY, STATE, ZIP CODE | | | |
| COMMENCEMENT DATE OF LEASE | DATE PROPERTY PU | DATE PROPERTY PUT TO EXEMPT USE | |
| PLEASE ATTACH A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary. | | | |
| PROPERTY TYPE (REAL OR PERSONAL) | PROPERTY DESCRIPTION | ON | |
| Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum. | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any | | | |
| accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM | | | |
| | | | |
| NAME OF PERSON MAKING CLAIM | ME OF PERSON MAKING CLAIM TITLE | | |
| EMAIL ADDRESS | | DAYTIME TELEPHONE () | |

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