EF-264-AH-R13-0522-07000035-1 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 t imely claim in January 2011 would enter "2011-2012.")



## 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

This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name and mailing address)	٦	Received by		
		(Assessor's designee)		
		Of(county or city)		
L	١	On(date)		
If you no longer seek an exemption at this location, check here  Sign and	l retur	n this form to the Assessor. Date vacated:		
NAME OF CLAIMANT				
NAIVIE OF CLAIMANT				
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	F	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
Owner and operator: (check applicable boxes)	7			
Claimant is:	r only			
and claims exemption on all Land Buildings and improvement	nts	and/or Personal property		
2. Does the above institution qualify as a college or seminary of learning und	der th	e laws of the State of California?		
3. Is the institution conducted as a non-profit entity?  YES NO				
4. Does the institution require for regular admission the completion of a four-	-year	high school course or its equivalent?		
YES NO				
5. Does the institution confer upon its graduates at least one academic or profund sciences, or on a course of at least three years in professional studies veterinary medicine, pharmacy, architecture, fine arts, commerce, or journ	s, suc	h as law, theology, education, medicine, dentistry, engineering,		
YES NO				
6. Is the property for which the exemption is claimed used <b>exclusively</b> for the	ne pur	poses of education?		

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



YES

CERTIFICATION

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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

