NAME AND MAILING ADDRESS

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PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY

COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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



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Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

To receive the full exemption, this claim must be filed with the Assessor by February 15.

If you no longer seek an exemption at this location, check here 🦳 Sign and return this form to the Assessor. Date vacated:\_\_\_

IDENTIFICATION OF APPLICANT	
LESSEE'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	A
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
IDENTIFICATION OF PROPERTY	
ADDRESS OF PROPERTY (NUMBER AND STREET)	
CITY, COUNTY, ZIP CODE	A <mark>SSESSOR'S PARCEL</mark> NUMBER
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 clearly identifies the property and the name and address of the lessee)	
PROPERTY TYPE PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Buildings and Improvements	-
Personal Property	
<ul> <li>Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?</li> <li>Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?</li> </ul>	
☐ Yes ☐ No Does the claimant own personal property used at this property for public school purposes? Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	
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 and correct to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION