EF-264-AH-R13-0522-18000041-1 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 J anuary 2011 would enter "2011-2012.")	ALIFORTHAL	Nick Ceaglio Lassen County Assessor 220 S Lassen Street Susanville, CA 96130-4324 Phone: (530) 251-8241 http://www.lassencounty.org/dept/assessor/assessor
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Image: Comparison of the printed name and mailing address	□ Receive of _」 on	FOR ASSESSOR'S USE ONLY ed by
If you no longer seek an exemption at this location, check here NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE ADDRESS (Street, City, County, State, Zip Code)	☐ Sign and return this form	DAYTIME TELEPHONE NUMBER
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator and claims exemption on all Land	d improvements and/or	DATE PROPERTY WAS FIRST USED BY CLAIMANT
 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	f learning under the laws of	the State of California?
 4. Does the institution require for regular admission the comple YES NO 5. Does the institution confer upon its graduates at least one aca and sciences, or on a course of at least three years in profes veterinary medicine, pharmacy, architecture, fine arts, comm YES NO 6. Is the property for which the exemption is claimed used excl 	demic or professional degressional studies, such as law, berce, or journalism?	e, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering,
YES NO		

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	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-264-AH-R13-0522-18000041-2 BOE-264-AH (P2) REV. 13 (05-22)					
8. Has any construction commenced and YES NO If YES , please	l/or been completed on this parcel since 12:01 a.m., January 1 e explain:	of last year?			
as defined in section 512 of the Intern YES NO If YES , a copy of the institution's mo	r which an exemption is claimed a student bookstore that gener al Revenue Code? Ist recent tax return filed with the Internal Revenue Service must b of the unrelated business taxable income to the bookstore's gr	st accompany this claim. Property taxes,			
10. Has any of the property listed above YES NO If YES , please	been used for business purposes other than a student bookstor e explain:	re?			
11. If any business is operated by some	one other than the college, attach a copy of the lease or other at	greement, Please explain:			
YES NO	eing leased or rented from someone else? name and address of the owner and the type, make, model, a ely for educational purposes at the collegiate level, please sta ess of the owner.				
The benefit of a property tax exemp Taxation Code.	ion must inure to the lessee institution. If taxes paid by the lesson ADDITIONAL REQUIRED DOCUMENTATION	r, see section 202.2 of the Revenue and			
substituted.	owing the requirements for admission. A current catalog show				
degree.	urrent catalog, listing the degrees conferred upon the graduates I statements (balance sheet and operating statement for the pre				
Whom should we contact during normal business hours for additional information?					
NAME	•	TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
<u>\</u> /	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

