EF-264-AH-R13-0522-20000094-1 BOE-264-AH (P1) REV. 13 (05-22)



**Brett Frazier Madera County Assessor** 200 West 4th Street

Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

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## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

Th	is 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 addre	ss)	Received by		
			(Assessor's	designee)	
			Of(county	or city)	
			on		
	L	_	(da	te)	
lf y	ou no longer seek an exemption at this location, check	here 🗌 Sign and retu	rn this form to the Assessor. Date	vacated:	
NA	ME OF CLAIMANT				
TIT	LE OF CLAIMANT		Di	AYTIME TELEPHO	NE NUMBER
	RPORATE NAME OF THE COLLEGE			)	
00	IN OTATE NAME OF THE GOLLEGE				
ADI	DRESS (Street, City, County, State, Zip Code)				
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	<del>// // /</del>	DATE PROPERTY	WAS FIRST USED	BY CLAIMANT
1. (	Owner and operator: (check applicable boxes)				
(	Claimant is:	only    Operator only	/		
i	and claims exemption on all Land Building	s and improvements	and/or Personal property		
2.	Does the above institution qu <mark>al</mark> ify as a college or semin	ary of learning under th	ne laws of the State of California?		
	YES NO				
3.	Is the institution conducted as a non-profit entity?				
	YES NO				
4.	oes the institution require for regular admission the completion of a four-year high school course or its equivalent?  YES NO				
5. I	Does the institution confer upon its graduates at <mark>le</mark> ast one and sciences, or on a course of at least three y <mark>ea</mark> rs in p	e academic or profession rofessional studies, su	onal degree, based on a course of a ch as law, theology, education, med	i least two years dicine, dentistry	s in liberal arts , engineering,
	veterinary medicine, pharmacy, architecture, fi <mark>ne</mark> arts, c			, ,	, 0 0,
	YES NO				
6.	Is the property for which the exemption is claimed used	exclusively for the pu	rposes of education?		
	YES NO				
7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of e sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Par					
;	-	-		; Parcel Numb	er.
	BUILDING & IMPROVEMENTS PRI	MARY USE	INCIDENTAL USE	_ □ LEASE	□OWN
				LLASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM