	00.01000106.1		MARING	Shelly Scott	
-268-A-R09-05: BOE-268-A (P1) R			COUNTY	Assessor-Rec County of Marin	order-County Clerk
			34.4	CHANGE IN OWN	ERSHIP DIVISION
PROPERTY <b>L</b> SCHOOL, CC	<b>JSED EXCLUSIVELY BY</b> A F MMUNITY COLLEGE, STATE CO OR UNIVERSITY OF CALIFORN	OLLEGE, STA	TE	P.O. Box C San Rafael, CA 94 Phone: (415) 473-7 Fax: (415) 473-625	7231 55
FISCAL YEAR	OF CLAIM 20 20	_ (see instructi	ons)	www.marincounty.	yov
	ND MAILING ADDRESS	iline addread)			
	ecessary corrections to the printed name and ma	iing address)	Г	A claimant must co with the Assessor b	mplete and file this form y February 15.
L					
	seek an exemption at this location	, check here	] Sign and return this f	orm to the Assessor. Date	vacated:
	DL DISTRICT, ORGANIZATION, ETC.				
MAILING ADDRES	SS			$\mathbf{U}$	
CITY, STATE, ZIP	CODE				_
CORPORATE ID (	IF ANY)				
IDENTIFICATIO	ON OF PROPERTY				
NAME OF SCHOO					
	OPERTY (NUMBER AND STREET)				
CITY, COUNTY, ZI	P CODE			ASSESSOR	S PARCEL NUMBER
$\checkmark$ Check the t	ype of qualify <mark>ing exclusiv</mark> e use of t	he property			
	SCHOOL	STATE UI	NIVERSITY	STATE COLL	EGE
	JNITY COLLEGE		ITY OF CALIFORNIA		
	ON OF REAL PROPERTY OWNER	ર			
NAME OF OWNER	र				
MAILING ADDRES	SS				
CITY, STATE, ZIP	CODE				
☐ Yes ☐ No	A copy of the lease agreement is	attached.	DATE LEASE SIGNED	COMMENCEME	ENT DATE OF LEASE
	The lease confers upon the lesse		right to possess and u	se the property.	
🗌 Yes 🗌 No	The property, or a portion thereof, is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code.				
	If <b>Yes</b> , a copy of the institution's Property taxes are determined income.				
	ure to submit this affidavit will result colleges, state universities or the L				



BOE-268-A (P2) REV. 09 (05-22)

LEASED PROPERTY AS OF JANUARY 1	NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)		
Land (Legal description or map book, page and parcel number)			
Buildings and Improvements			
Personal Property (Describe by type, make, model and serial number. If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessor.)	CATION		
	of California that the foregoing and all information hereon, including any		
	nd correct to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM	TITLE		
EMAIL ADDRESS	DAYTIME TELEPHONE		
INSTRUCTION	IS FOR FILING		

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

### **IMPORTANT NOTICE**

A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. (See section 202.2 of the Revenue and Taxation Code.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

### FILING OF AFFIDAVIT

To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

# **IDENTIFICATION OF APPLICANT**

Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

#### **IDENTIFICATION OF PROPERTY**

Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

#### **USE OF PROPERTY**

Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

# **IDENTIFICATION OF OWNER**

Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.

