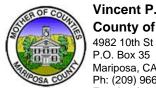
EF-268-B-R10-0514-22000175-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

This claim is filed for fiscal year 20_

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

> A claimant must complete and file this form with the Assessor by February 15.

					•	•
	L					
NAI	ME OF PERSON M	AKING CLAIM		_	TITLE	
1010	AE AND ADDRESS	OF OWNER OF LAND AND BUILDIN	CC (if different from above)			
INAI	WIE AND ADDINESS	OF OWNER OF LAND AND BOILDIN	GS (ii dillerent ironi above)			
NAI	ME OF INSTITUTION	N .				
MA	ILING ADDRESS O	F INSTIT <mark>UT</mark> ION (CIT <mark>Y, STATE, ZIP C</mark> C	DDE)			ı
	DRESS OF PROPE	RTY (NUMBER AND STREET)			ASSESSOR'S PARCEL NUMBER	
אטו	DIVEGO OF TITOLE	INTI (NOMBER AND STREET)			ASSESSOR'S PARCEL NUMBER	
CIT	Y, COUNTY, ZIP CO	DDE			LEASE TERMINATION DATE	
DAY	S OF THE WEEK	OPEN TO THE PUBLIC AND HOURS	OF OPERATION			
	Check the type	of qualifying exclusive use of th	ne property. If filing for the firs	et time attach a d	conv of the lease or agreemen	
	LIBRARY	MUSEUM	e property. It iming for the me		opy of the leade of agreemen	16.
_						
1.	☐ Yes ☐ No	Is admittance to the library or r	nuseum free? If no, please e	xplain:		
2.	□ *Yes□ No	If a library, is there a user char	ge for the use of books, perio	odicals, or facilitie	s?	
3.						
٥.	resno	If a museum, is there a charge	for viewing the museum con	iterits?		
		*If yes , and a BOE-267, Clain				
		Office immediately. The deadling user charge, a Claim for Welfa				
		the requirements for the exemp		d if both the orga	illization and the use of the pi	operty meet all of
4	□Yes □No	Is the property, or a portion ther		is claimed a book	etere that generates unrelated	d husiness tavable
ч.		income as defined in section 5			store that generates unrelated) business taxable
		If yes , a copy of the institution Property taxes as determined				
		income will be levied.	by establishing a ratio of the	ie unicialed busi	ness taxable income to the	bookstore's gross
5	□ Yes □ No	Is any of the owned property us	ed for sales or husiness nur	noses other than	a hookstore? If yes, nlease e	evnlain.
0.		is any of the owned property de	ted for balled of badifieds park		a bookstore. If yes, piease e	хрішії.
6.	☐ Yes ☐ No	Is any equipment or other prope	erty at this location being leas	sed or rented fror	n someone else?	
		Maria Patria da de			a form made 11 1	etal access 60
		If yes , list in the remarks section property. "Exclusive use" is not				
		property. Exclusive use is not	required for tills exemption,	100000 0 p000	Social la samoient evidence (J. 400.
		The benefit of a property tax ex				claim a refund of
		The benefit of a property tax extaxes paid by the lessor. See se				claim a refund of

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

	also claim the exemption on the Lesso			
PROPE	RTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Primary use: Incidental use:		
Land: (Legal description or from most recent tax state)	map book, page and parcel number ment)			
Area: (Acres or square fee	t)			
☐ Buildings and Improvemen	ts	Primary use:		
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction			
	THIS	Incidental use:		
Personal Property: Des <mark>cri</mark> b applicable. (<i>Attach a separa</i>	e - include cost and acquisition dates te sheet if necessary.)	if Primary use: Incidental use:		
EMARKS				
		NOT		
		SE!		
Who	m should we contact during norma	al business hours for additional information?		
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
()				
I certify (or declare) under p including any accom		TIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING CLAIM		TITLE		
SIGNATURE OF PERSON MAKING CLA	MIM	DATE		