EF-263-A-R07-0617-23000090-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

То	receive	one	time	rep	orting	trea	atm	ent
for	the exer	mption	n, this	cla	im m	ust b	e f	iled
witl	h the As	sesso	r witl	hin	120 (days	of	the
commencement date of the lease								

L	commencement date of the lease.						
DENTIFICATION OF APPLICANT							
LESSOR'S CORPORATE OR ORGANIZATION NAME							
MAILING ADDRESS							
CITY, STATE, ZIP CODE							
CORPORATE ID (IF ANY)							
DENTIFICATION OF PROPERTY							
ADDRESS OF PROPERTY (NUMBER AND STREET)	ESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 20						
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER						
USE OF PROPERTY Check and state the primary and	l incidental qualifying uses of the property.						
	there are numerous properties, please attach a list that clearly identifies the operty and the name and address of the lessee)						
PROPERTY TYPE	PRIMARY USE INCIDENTAL USE						
Land							
☐ Buildings and Improvements							
Personal Property							
☐ Yes ☐ No The lease confers upon the lessee the excl							
	whose property qualifies for the free public library, free museum, public school, versity, University of California, or nonprofit college property tax exemption.						
Yes No The lessee institution has the option at the (one dollar) or any other nominal sum.	ee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1						
Important: A lessee's affidavit, in which the lessee attests to will result in denial of one time reporting treatment for the ex	the above statement(s) is provided. Failure to submit/complete the lessee's affidavit temption. A separate affidavit is required of each lessee.						
	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						
EMAIL ADDRESS	DAYTIME TELEPHONE ()						

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	OR EXECUTION BY QUALIFYING INSTITU	OTIONAL LEGGLE					
MAILING ADDRESS							
CITY, STATE, ZIP CODE							
Check the type of qualifying use of the p	property						
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA					
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE					
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY						
NAME OF LESSOR							
MAILING ADDRESS							
CITY, STATE, ZIP CODE							
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	DATE PROPERTY PUT TO EXEMPT USE					
The following property is leased as of Janua etc. Attach a separate listing if necessary.	EASE ATTACH A COPY OF THE LEASE AGRE						
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY TYPE EAL OR PERSONAL) PROPERTY DESCRIPTION						
	USE						
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring ominal sum.	the above property described in the lease for \$1					
	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						
EMAIL ADDRESS	DAYTIME TELEPHONE ()						

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