EF-263-B-R04-0522-24000091-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



MATT H. MAY, ASSESSOR 2222 M STREET

MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

MERCED COUNTY

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

> To receive the full exemption, this claim must be filed with the Assessor by February 15.

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If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated:					
IDENTIFICATION OF APPLICANT					
LESSEE'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
CORPORATE ID (IF ANY)					
IDENTIFICATION OF PROPERTY					
ADDRESS OF PROPERTY (NUMBER AND STREET)					
CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER					
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property.					
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)					
-	PROPERTY TYPE		PRIMARY USE		INCIDENTAL USE
Land					
☐ Buildings and Improvements					
☐ Personal Property					
Yes No Does the lease/agreement confe r u pon the lessee the exclusive right to possession and use of the property?					
Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?					
☐ Yes ☐ No	No Does the claimant own personal property used at this property for public school purposes?				
Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.					
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
E-MAIL ADDRESS					DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

