EF-264-AH-R13-0522-24000102-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956

www.co.merced.ca.us\assessor

MATT H. MAY, ASSESSOR

**MERCED COUNTY** 

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

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSESSOR'S USE O			
(Make necessary corrections to the printed name	e and mailing address)	Received by			
		(Assesso	or's designee)		
		of(cour	nty or city)		
		on			
L	_	011	(date)		
If you no longer seek an exemption at this lo	cation, check here   Sign and retur	n this form to the Assessor. Da	te vacated:		
NAME OF CLAIMANT	<b>1</b>				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			,		
ADDRESS (Street, City, County, State, Zip Code)	A A A				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT	
7.002000170170102				J J . J	
Owner and operator: (check applicable bo	oxes)		_ :		
	Owner only Derator only				
and claims exemption on all Land	☐ Buildings and improvements	and/or	rty		
2. Does the above institution qualify as a col	llege or seminary of learning under th	e laws of the State of California	?		
3. Is the institution conducted as a non-profi	t entity?				
4. Does the institution require for regular add	mission the completion of a four year	high school course or its equiva	lent?		
YES NO	This short the completion of a rour-year	Tight school course of its equiva	ient:		
5. Does the institution confer upon its gradua					
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture.			nedicine, dentistry	, engineering,	
YES NO	iro, imo dito, commondo, or journalism				
6. Is the property for which the exemption is	claimed used exclusively for the pur	rposes of education?			
YES NO					
7. List all buildings and other improvements	for which exemption is claimed and s	tate the primary and incidental ι	ise of each. Attac	h a separate	
sheet if necessary. Indicate whether lease	ed or owned. <b>Please use a separate</b>	claim form for each Assesso	r's Parcel Numl	oer.	
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
			LEASE	OWN	
			LEASE	OWN	
			LEASE		
			LEASE		
			LEASE		
			□LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION





