EF-263-B-R02-0810-25000352-1 BOE-263-B (P1) REV. 02 (08-10)

LESSEES' EXEMPTION CLAIM

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

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

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



Cheri Budmark Modoc County Assessor

To receive the full exemption, this claim must

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

DATE

DAYTIME TELEPHONE

L		be filed with the Assessor by February 15.
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)	$\Lambda/I \vdash$	
CITY, COUNTY, ZIP CODE	VII	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary a	and incidental qualifying uses	of the property.
The exemption claim is made for the following property:	(if there are numerous proper property and the name and a	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
☐ Yes ☐ No Does the lease/agreement confer upon to	he lessee the exclusive right t	o possession and use of the property?
Yes No Is the claimant a lessee or operator of restate university, or University of California purposes?		by a public school, community college, state college, community college, state college, state university, or
Note: If requested by the assessor, the claimant shall pro-	vide a copy of the lease or ag	reement.
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the law	vs of the State of California th	at the foregoing and all information hereon, including any

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

accompanying statements or documents, is true and correct to the best of my knowledge and belief.



EF-263-B-R02-0810-2500035

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

E-MAIL ADDRESS