EF-263-A-R07-0617-26000025-1 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)



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

To receive one time reporting treatment

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

	for the exemption, this claim must be filed with the Assessor within 120 days of the
	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)	FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY ✓ Check and state the primary and incidental qu	ualifying uses of the property.
The exemption claim is made for the following property: (if there are numproperty and the	m <mark>ero</mark> us prope <mark>rti</mark> es, please attach a list that clearly identifies the e name and address of the lessee)
PROPERTY TYPE PRIMAR	Y USE INCIDENTAL USE
Land	
☐ Buildings and Improvements	
☐ Personal Property	
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to	possession and use of the property.
	operty qualifies for the free public library, free museum, public school, rsity of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the option at the end of the le (one dollar) or any other nominal sum.	ase term of acquiring the above property described in the lease for \$1
Important: A lessee's affidavit, in which the lessee attests to the above st will result in denial of one time reporting treatment for the exemption. A se	
CERTIFIC	CATION
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true an	of California that the foregoing and all information hereon, including any d 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	
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DESCRIPTION			
	USE		
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.			
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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