EF-263-B-R02-0810-27000254-1 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)



## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

To receive the full exemption, this claim must

L		be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		. 7 4
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	N/IP	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the primary a	and incidental qualifying uses of th	he property.
The exemption claim is made for the following property:	' -	
	property and the name and addre	ess of the lessee)
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement confer upon t	he lessee the exclusive right to po	ossession and use of the property?
Yes No Is the claimant a lessee or operator of restate university, or University of California purposes?	al or personal property owned by a that is used exclusively for com	a public school, community college, state college, imunity college, state college, state university, or
Note: If requested by the assessor, the claimant shall pro	vide a copy of the lease or agree	ement.
CERTIFICATION		
I certify (or declare) under penalty of perjury under the law accompanying statements or docum		
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

