EF-264-AH-R13-0522-28000104-1 BOE-264-AH (P1) REV. 13 (05-22)

Napa County Assessor-Clerk-Recorder

1127 First St Room 128 Napa, CA 94559 PH: (707) 253-4467 FAX: (707) 253-6171

John Tuteur

COLLEGE EXEMPTION CLAIM	
This claim is filed for fiscal year 20 20	
(Example: a person filing a timely claim in January 20	11
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 ONLY		
(Make necessary corrections to the printed name and mailing address)	Received by		
	(Assessor's designee)		
	of		
	(county or city)		
	on		
	(date)		
If you no longer seek an exemption at this location, check here Sign and return	rn this form to the Assessor. Date vacated:		
NAME OF CLAIMANT			
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER ()		
CORPORATE NAME OF THE COLLEGE			
ADDRESS (Street, City, County, State, Zip Code)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
Owner and operator: (check applicable boxes)			
Claimant is:	,		
and claims exemption on all Land Buildings and improvements	and/or Personal property		
2. Does the above institution qualify as a college or seminary of learning under th	e laws of the State of California?		
3. Is the institution conducted as a non-profit entity? YES NO			
4. Does the institution require for regular admission the completion of a four-year YES NO	high school course or its equivalent?		
5. Does the institution confer upon its graduates at least one academic or profession and sciences, or on a course of at least three years in professional studies, suc veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism YES NO	ch as law, theology, education, medicine, dentistry, engineering,		
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 state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM