EF-263-B-R04-0522-30000039-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor

Civic Center Plaza, Building 11

Orange County Assessor

Claude Parrish

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

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

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

To receive the full exemption, this claim must be filed with the Assessor by February 15.

1) l	e filed with the Assessor by February 15.
If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:		
IDENTIFICATION OF APPLICANT	,	
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS	11.	
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE	TIVII	A <mark>SS</mark> ESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	e primary and incidental qualifying uses of the p	roperty.
The exemption claim is made for the following	property: (if there are numerous properties, ple property and the name and address	
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?		
	erator of real or personal property owned by a prof of California that is used exclusively for commun ses?	
Yes No Does the claimant own person	nal property used at this property for public scho	ool purposes?
Note: If requested by the assessor, the claiman	nt shall provide a copy of the lease or agreemen	nt.
	CERTIFICATION	
	nder the laws of the State of California that the fo ts or documents, is true and correct to the best o	oregoing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

