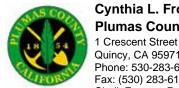
EF-263-A-R07-0617-32000209-1 BOE-263-A (P1) REV. 07 (06-17)

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)



Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

To receive one time reporting treatment for the exemption, this claim must be filed

DATE

TITLE

DAYTIME TELEPHONE

CindieFroggatt@countyofplumas.com

	with the Assessor within 120 days of the		
L	_ commencement date of the lease.		
IDENTIFICATION OF APPLICANT			
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION 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 incide	ental qualifying uses of the property.		
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)			
PROPERTY TYPE P	RIMAR <mark>Y USE INCI</mark> DENTAL USE		
Land			
☐ Buildings and Improvements			
☐ Personal Property			
☐ Yes ☐ No The lease confers upon the lessee the exclusive	ight to possession and use of the property.		
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.			
Yes No The lessee institution has the option at the end of (one dollar) or any other nominal sum.	f the lease 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 statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.			
CERTIFICATION			
	State of California that the foregoing and all information hereon, including any true and correct to the best of my knowledge and belief.		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

EMAIL ADDRESS

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	EXECUTION BY QUALIFYING INSTIT	TOTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the prope	rtv		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS		SA	
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PU	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 PROPERTY DESCRIPTION			
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.			
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			
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

