EF-264-AH-R13-0522-32000088-1	Cynthia L. Froggatt Plumas County Assessor		
BOE-264-AH (P1) REV. 13 (05-22)	1 Crescent Street		
COLLEGE EXEMPTION CLAIM	Quincy, CA 95971		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com		
This claim must be filed by 5:00 p.m., February 15.		_	
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY	FOR ASSESSOR'S USE ONLY	
(,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,,	□ Received by		
	of (county or city)		
	on		
L	(date)		
If you no longer seek an exemption at this location, check here 🗌 S	Pign and raturn this form to the Assessor. Data vessets du		
	Sign and return this form to the Assessor. Date vacated		
NAME OF CLAIMANT			
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBE	R	
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 CLAIMA		
1. Owner and anarator: (aback applicable bayes)			
1. Owner and operator: (check applicable boxes)			
and claims exemption on allLandBuildings and imp			
2. Does the above institution qualify as a college or seminary of lear			
YES NO			
3. Is the institution conducted as a non-profit entity?			
4. Does the institution require for regular admission the completion of	of a four-year high school course or its equivalent?		
	c or professional degree, based on a course of at least two years in liberal a		
veterinary medicine, pharmacy, architecture, fine arts, commerce,	al studies, such as law, theology, education, medicine, dentistry, engineeri	ng,	
 Is the property for which the exemption is claimed used exclusive 	elv for the purposes 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	
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

<form> As any construction commenced and/or been completed on this parcel since 12.01 a.m., January 1 of last year? YES NO IYES, please explain:</form>			
a defined in section 512 of the Internal Revenue Code? YES, a copy of the institution's most recent tax return field with the Internal Revenue Service must accompany this claim. Proper as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 10. Has any of the property listed above been used for business purposes other than a student bookstore's YES NO If YES, please explain: 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain: 12. Is any equipment or other property being leased or rented from someone else? 13. YES, list on a separate abself the name and address of the owner and the type, make, modely and serial number of the proper property, provide the name and address of the owner. 14. The benefit of a property tax exemption must induce to the lessee institution. If taxes baid by the lessen see section 202.2 of the Reve Taxation Code. 15. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 16. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)			
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12. Is any equipment or other property being leased or rented from someone else? Image: Ima			
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Whom should we contact during normal business hours for additional information?			
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when should we contact during normal business notis for additional mormation?			
NAME TITLE			
DAYTIME TELEPHONE EMAIL ADDRESS			
() 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			

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

