## **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



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing	address)				
Г					
L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.				
IDENTIFICATION OF APPLICANT					
LESSOR'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS CITY, STATE, ZIP CODE	H O I O A				
CORPORATE ID (IF ANY)					
IDENTIFICATION OF PROPERTY					
ADDRESS OF PROPERTY (NUMBER AND STREET)	FISCAL YEAR OF CLAIM				
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER				
<b>USE OF PROPERTY</b> Check and state the primary and incidental 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	PRIMARY USE INCIDENTAL USE				
Land					
Buildings and Improvements					
Personal Property					
Yes No The lease confers upon the lessee the exclusive right 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 the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.					
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					

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	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

## A FEIDAVIT FOR EXECUTION BY OUAL LEVING INSTITUTIONAL LESS

AFFIDAVIT FO	R EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
$\overline{\checkmark}$ Check the type of qualifying use of the pro-	operty			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE		
PUBLIC SCHOOL	STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE		
etc. Attach a separate listing if necessary.	y 1 o <mark>f th</mark> is <mark>ye</mark> ar. If person <mark>al</mark> property is being le <mark>as</mark> e	d, indicate the type, make, model, serial number,		
etc. Attach a separate listing if necessary.	y i or mis year. Il personal property is being lease	d, indicate the type, make, model, senai number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION			
	UUL			
Yes No The lessee institution has th (one dollar) or any other non	e option at the end of the lease term of acquiring ninal sum.	the above property described in the lease for \$1		
CERTIFICATION				

l 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.				
	DATE			

	( )		
EMAIL ADDRESS	DAYTIME TELEPHONE		
NAME OF PERSON MAKING CLAIM	TITLE		
SIGNATURE OF PERSON MAKING CLAIM	DATE		

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