EF-263-B-R03-0519-34000193-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

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



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)

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

		To receive the full exemption, this claim must
L	_	be filed with the Assessor by February 15.
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)	1 // // /	
CITY, COUNTY, ZIP CODE	1/////	A <mark>SS</mark> ESSOR'S PARCEL NUMBER
	primary and incidental qualifying uses of t	
The exemption claim is made for the following pr	roperty: (if there are numerous properties property and the name and addr	
PROPERTY TYPE	PRIMARY USE	IN <mark>CI</mark> DENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement conf	er upon the lessee the exclusive right to p	possession and use of the property?
	California that is used exclusively for com	a public school, community college, state college, nmunity college, state college, state university, or
Yes No Does the claimant own personal property used at this property for public school purposes?		
Note: If requested by the assessor, the claimant	shall provide a copy of the lease or agree	ement.
	CERTIFICATION	
	ler the laws of the State of California that t or documents, is true and correct to the b	the foregoing and all information hereon, including any pest of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE