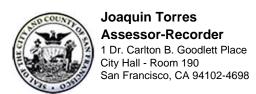
EF-263-A-R07-0617-38000267-1 BOE-263-A (P1) REV. 07 (06-17)

## **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)



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.

1	commencement date of the lease.
DENTIFICATION OF APPLICANT	
LESSOR'S CORPORATE OR ORGANIZATION NAME	
MAILING ADDRESS	11.51.54
CITY, STATE, ZIP CODE	
CORPORATE ID (IF ANY)	
DENTIFICATION 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 incidental qualifying uses of the property.
	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 less	ssee the exclusive right to possession and use of the property.
	stitution is one whose property qualifies for the free public library, free museum, public school, ge, state university, University of California, or nonprofit college property tax exemption.
Yes No The lessee institution has the cone dollar) or any other nomin	option at the end of the lease term of acquiring the above property described in the lease for \$1 lal sum.
	see attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit ent for the exemption. A separate affidavit is required of each lessee.
	CERTIFICATION
	der the laws of the State of California that the foregoing and all information hereon, including any sor 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
NAIVIL OF FERSON WARRING CLAW	IIILE
EMAIL ADDRESS	DAYTIME TELEPHONE  ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## 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 PUT TO EXEMPT USE		
The following property is leased as of January 1 etc. Attach a separate listing if necessary.	ATTACH A COPY OF THE LEASE AGR	sed, indicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	ON	
☐ Yes ☐ No The lessee institution has the o (one dollar) or any other nominal		ng the above property described in the lease for \$1	
	er the laws of the State of California that the	foregoing and all information hereon, including any	
accompanying statements SIGNATURE OF PERSON MAKING CLAIM	or documents, is true and correct to the best	t of my knowledge and belief.    DATE   DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

