EF-264-AH-R13-0522-40000030-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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)



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

FOR ASSESSOR'S USE ONLY

Γ	٦	Received by		
		(Assessor	's designee)	
		of(count	ty or city)	
L	لـ	on	date)	
If you no longer pook on assemblish at this Is	potion shock here C Cim ! ! !	um this forms to the Assessment S.		
If you no longer seek an exemption at this lo	cation, check here Sign and retu	irn this form to the Assessor. Date	e vacated:	
NAME OF CLAIMANT			/	
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	A A // I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	Y WAS FIR <mark>ST</mark> USE	D BY CLAIMANT
				
1. Owner and operator: (check applicable bo				
Claimant is:			4	
and claims exemption on all Land		and/or Personal proper		
2. Does the above institution qu <mark>al</mark> ify as a co	llege or seminary of learning under the	ne laws of the State of California?		
3. Is the institution conducted as a non-profi	t entity?			
YES NO		V		
4. Does the institution require for regular add	mission the completion of a four-year	high school course or its equival	ent?	
YES NO				
Does the institution confer upon its gradua and sciences, or on a course of at least th				
veterinary medicine, pharmacy, architectu			edicine, dentisti	y, engineenig,
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	□ OWN
			LEASE	□ OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM