L

LESSEES' EXEMPTION CLAIM

NAME AND MAILING ADDRESS

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)]

(Make necessary corrections to the printed name and mailing address)

AND OF ATA CLART

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Lawrence E. Stone Santa Clara County Assessor Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

To receive the full exemption, this claim must be filed with the Assessor by February 15.

If you no longer seek an exemption at this location, check here 🦳 Sign and return this form to the Assessor. Date vacated:__

MAILUNG ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBERAND STREET) CITY, COUNTY, ZIP CODE VES OF PROPERTY 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 primary and incidental qualifying uses of the lessee) PROPERTY 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 INCIDENTAL USE INCIDENTAL USE Ves No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property? Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state college, state college, state college, state university, or University of California that is used exclusively for community college, state university, or University of California purposes?	IDENTIFICATION OF APPLICANT	_	
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NAME OF PERSON MAKING CLAIM			
	SIGNATURE OF PERSON MAKING CLAIM	DATE	
E-MAIL ADDRESS DAYTIME TELEPHONE ()			
	E-MAIL ADDRESS	DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION