EF-268-B-R10-0514-48000135-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

S S 67 (7 (7)

Glenn Zook Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

This claim is filed for fiscal year 20 20
(Example: a person filing a timely claim in January 2011 would enter
"2011-2012.")
NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)
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A claimant must complete and file this form with the Assessor by February 15.

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	L					
NAI	ME OF PERSON M	AKING CLAIM		_	TITLE	
1010	AE AND ADDRESS	OF OWNER OF LAND AND BUILDIN	CC (if different from above)			
INAI	WIE AND ADDINESS	OF OWNER OF LAND AND BOILDIN	GS (ii dillerent ironi above)			
NAI	ME OF INSTITUTION	N .				
MA	ILING ADDRESS O	F INSTIT <mark>UT</mark> ION (CIT <mark>Y, STATE, ZIP C</mark> C	DDE)			ı
	DRESS OF PROPE	RTY (NUMBER AND STREET)			ASSESSOR'S PARCEL NUMBER	
אטו	DIVEGO OF TITOLE	INTI (NOMBER AND STREET)			ASSESSOR'S PARCEL NUMBER	
CIT	Y, COUNTY, ZIP CO	DDE			LEASE TERMINATION DATE	
DAY	S OF THE WEEK	OPEN TO THE PUBLIC AND HOURS	OF OPERATION			
	Check the type	of qualifying exclusive use of th	ne property. If filing for the firs	et time attach a d	conv of the lease or agreemen	
	LIBRARY	MUSEUM	e property. It iming for the me		opy of the leade of agreemen	16.
_						
1.	☐ Yes ☐ No	Is admittance to the library or r	nuseum free? If no, please e	xplain:		
2.	□ *Yes □ No	If a library, is there a user char	ge for the use of books, perio	odicals, or facilitie	s?	
3.						
٥.	resno	If a museum, is there a charge	for viewing the museum con	iterits?		
		*If yes , and a BOE-267, Clain				
		Office immediately. The deadling user charge, a Claim for Welfa				
		the requirements for the exemp		d if both the orga	illization and the use of the pi	operty meet all of
4	□Yes □No	Is the property, or a portion ther		is claimed a book	etere that generates unrelated	d husiness tavable
ч.		income as defined in section 5			store that generates unrelated) business taxable
		If yes , a copy of the institution Property taxes as determined				
		income will be levied.	by establishing a ratio of the	ie unicialed busi	ness taxable income to the	bookstore's gross
5	□ Yes □ No	Is any of the owned property us	ed for sales or husiness nur	noses other than	a hookstore? If yes, nlease e	evnlain.
Ο.		is any of the owned property de	ted for balled of badifieds park		a bookstore. If yes, please e	хрішії.
6.	☐ Yes ☐ No	Is any equipment or other prope	erty at this location being leas	sed or rented fror	n someone else?	
		Maria Patricular II 9			a form made 11 1	etal access 60
		If yes , list in the remarks section property. "Exclusive use" is not				
		property. Exclusive use is not	required for tills exemption,	100000 0 p000	Social la samoient evidence (J. 400.
		The benefit of a property tax ex				claim a refund of
		The benefit of a property tax extaxes paid by the lessor. See se				claim a refund of

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is

	so claim the exemption on the Lesso	-		
PROPER	TY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED		
Land: (Legal description or m from most recent tax stateme	ap book, page and parcel number nt)	Primary use:		
		Incidental use:		
Area: (Acres or square feet)				
Buildings and Improvements		Primary use:		
Bldg. No. No. of or Name Floors	No. of Type of Rooms Construction			
7	HIS	Incidental use:		
Personal Property: Describe applicable. (Attach a separate	include cost and acquisition dates sheet if necessary.)	Incidental use:		
EMARKS				
		NOT		
		SE!		
Whom	should we contact during norma	I business hours for additional information?		
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
)				
I certify (or declare) under per including any accompa		FIFICATION State of California that the foregoing and all information contained herein, ue, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING CLAIM	<u> </u>	TITLE		
SIGNATURE OF PERSON MAKING CLAIM		DATE		