	NA CO	Kenneth L. Brown					
EF-264-AH-R13-0522-52000025-1		County of Tehama Assessor					
BOE-264-AH (P1) REV. 13 (05-22)	*	444 Oak Street - Room B					
COLLEGE EXEMPTION CLAIM	A started	P. O. Box 428 Red Bluff, CA 96080					
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	FORM	(530) 527-5931 Fax (530) 529-4019					
This claim must be filed by 5:00 p.m., February 15.							
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY					
(Make necessary corrections to the printed name and mailing address)		Received by					
		(Assessor's designee)					
	c	f (county or city)					
	-	(county or city)					
		n					
L		(date)					
If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:							
NAME OF CLAIMANT							
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER					
CORPORATE NAME OF THE COLLEGE							
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	AF	DATE PROPERTY WAS FIRST USED BY CLAIMANT					
1. Owner and operator: (check applicable boxes)							
and claims exemption on all 🔄 Land 🔲 Buildings and improvements and/or 🔄 Personal property							
 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? 	learning under the la	aws of the State of California?					
YES NO							
4. Does the institution require for regular admission the complet	tion of a four-year hig	h school course or its equivalent?					
5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comme YES NO	sional studies, such a						
 Is the property for which the exemption is claimed used exclu 	usively for the purpo	ses of education?					
YES NO	asivery for the pulpo						
7 List all huildings and other improvements for which accounting		the primery and incidental use of each Attack					

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE				
				OWN		
				OWN		
				OWN		
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION						
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION						

	64-AH-R13-0522-5200002 30E-264-AH (P2) REV. 13 (05-22)	5-2			
8		nenced and/or been completed on this parcel sin YES, please explain:	ce 12:01 a.m., January 1 of last year?		
ę	as defined in section 512 o YES NO If YES , a copy of the inst	f the Internal Revenue Code?	dent bookstore that generates unrelated business taxable income nal Revenue Service must accompany this claim. Property taxes,		
	as determined by establis	shing a ratio of the unrelated business taxable inc	ome to the bookstore's gross income, will be levied.		
		sted above been used for business purposes othe YES, please explain:	er than a student bookstore?		
	1. If any business is operate	d by someone other than the college, attach a co	by of the lease or other agreement. Please explain:		
	YES NO If YES , list on a separate property listed is not use		the type, make, model, and serial number of the property. If the ollegiate level, please state the other uses of the property. If real		
	The benefit of a property Taxation Code.	tax exemption must inure to the lessee institution ADDITIONAL REQUIRED DO	If taxes paid by the lessor, see section 202.2 of the Revenue and DCUMENTATION		
		e page showing the requirements for admission	. A current catalog showing the requirements may be		
 Substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each 					
	degree.Attach a copy of t	he financial statements (balance sheet and opera	ating statement for the preceding fiscal year.)		
ī	Who	m should we contact during normal busine	ss hours for additional information?		
_					
(DAYTIME TELEPHONE	EMAIL ADDRESS			
	CERTIFICATION				
Ī			fornia that the foregoing and all information hereon, including any complete to the best of my knowledge and belief.		

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

