EF-264-AH-R13-0522-54000072-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM



County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

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Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

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., Feb	rijary 15			
CLAIMANT NAME AND MAILING ADDRESS	ridary 10.	FOR ASSESSO	R'S USE ONLY	•
(Make necessary corrections to the printed name	e and mailing address) —	Received by		
		(Assesso	r's designee)	
		of	nty or city)	
			, 3. 3.,,	
L	_	on	(date)	
f you no longer seek an exemption at this lo	cation, check here 🗌 Sign and re	turn this form to the Assessor. Date	e vacated:	
NAME OF CLAIMANT	4 1 C .			
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)	A A A I			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: (check applicable bo	exes)			
Claimant is:		ıly		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal prope	rty	
2. Does the above institution qualify as a col	lege or seminary of learning under	the laws of the State of California?	?	
☐YES ☐ NO				
3. Is the institution conducted as a non-profit	t entity?			
YES NO			1	
4. Does the institution require for regular adr	mission the completion of a four-year	ar high school course or its equiva	lent?	
YES NO				
Does the institution confer upon its graduat and sciences, or on a course of at least th				
veterinary medicine, pharmacy, architectu			edicine, dentistry	y, engineening
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the p	ourposes of education?		
YES NO				
7. List all buildings and other improvements	for which exemption is claimed and	state the primary and incidental u	se of each. Attac	ch a senarate
sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM