EF-263-A-R07-0617-56000147-1 BOE-263-A (P1) REV. 07 (06-17)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



## Keith Taylor ASSESSOR OF VENTURA COUNTY

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

commencement date of the lease.			
IDENTIFICATION OF APPLICANT  LESSOR'S CORPORATE OR ORGANIZATION NAME			
LESSOR'S CORPORATE OR ORGANIZATION NAIVIE			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
	AL YEAR OF CLAIM		
20_	20		
CITY, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMBER			
USE 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			
property and the name and address of the lessee)			
PROPERTY TYPE PRIMARY USE INCIDENTAL USE	E		
Land			
Buildings and Improvements			
Personal Property			
Fersonal Property			
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the property.			
Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school,			
community college, state college, state university, University of California, or nonprofit college property tax exemption.			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1			
(one dollar) or any other nominal sum.			
Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit			
will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.			
CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any			
accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM  DATE			
NAME OF PERSON MAKING CLAIM  TITLE			
EMAIL ADDRESS DAYTIME TELEPHONE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	EXECUTION BY QUALIFYING INSTIT	TOTIONAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the prope	rtv		
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS		SA	
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PU	DATE PROPERTY PUT TO EXEMPT USE	
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT  The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.			
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	ON	
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any			
accompanying statements SIGNATURE OF PERSON MAKING CLAIM	accompanying statements or documents, is true and correct to the best of my knowledge and belief.    DATE   DATE		
NAME OF PERSON MAKING CLAIM	E OF PERSON MAKING CLAIM TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE ( )	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

