EF-264-AH-R13-0522-58000026-1

BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Yuba County Assessor 915 8th Street, Suite 101

LEASE

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Stephen S. Duckels

Marysville, CA 95901-5273 Phone: (530) 749-7820

This claim is filed for fiscal year 20	20	
(Example: a person filing a timely claim	in January 2	201
would enter "2011-2012.")		

This claim must be filed by 5:00 p.m., Feb	oruary 15.			
CLAIMANT NAME AND MAILING ADDRESS	and an illinous address a	FOR ASSESSOR'S USE ONLY		
(Make necessary corrections to the printed name	e and mailing address)	Received by		
		(Assec	ssor's designee)	
		of	ounty or city)	
L	_	on	(date)	
If you no longer seek an exemption at this lo	cation, check here Sign and retu	urn this form to the Assessor. D)ate vacated:	
NAME OF CLAIMANT	110	10	1	
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 PROPE	RTY WAS FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable both Claimant is:		V		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal pror	perty	
2. Does the above institution qualify as a col				
3. Is the institution conducted as a non-profit YES NO	t entity?	V		
Does the institution require for regular adr YES NO	mission the completion of a four-year	r high school course or its equiv	valent?	
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, su	ch as law, theology, education,	of at least two year medicine, dentistry	s in liberal arts y, engineering,
6. Is the property for which the exemption is	claimed used exclusively for the pu	urposes of education?		
YES NO				
List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			 □ LEASE	_ OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM