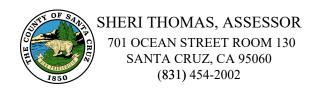
QUALIFIED LESSORS' EXEMPTION CLAIM

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)

L IDENTIFICATION OF APPLICANT	٦	for the exer with the As	one time reporting treatment mption, this claim must be filed assessor within 120 days of the ment date of the lease.	
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM	
CITY, COUNTY, ZIP CODE		AC	20 - 20	
STEY, COUNTY, ZIP CODE		AS	SESSOR'S PARCEL NUMBER	
USE OF PROPERTY		s, please attach		
PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
☐ Personal Property				
Yes No As used herein a qualifying incommunity college, state college	see attests to the above statement(s) is pro	or the free public or nonprofit coluiring the above vided. Failure to	c library, free museum, public school, lege property tax exemption. property described in the lease for \$1 submit/complete the lessee's affidavit	
	CERTIFICATION			
l certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that t s or documents, is true and correct to the b			
SIGNATURE OF PERSON MAKING CLAIM		DA	ATE	
NAME OF PERSON MAKING CLAIM		TI	TLE	
EMAIL ADDRESS		DA (AYTIME TELEPHONE)	

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the	e property		
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	LEGE NONPROFIT COLLEGE	
PUBLIC SCHOOL	STATE UNIVERSITY		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT 1	DATE PROPERTY PUT TO EXEMPT USE	
	PLEASE ATTACH A COPY OF THE LEASE AGE	REFMENT	
The following property is leased as of Jan etc. Attach a separate listing if necessary.	nuary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
Yes No The lessee institution ha (one dollar) or any other	s the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	ury under the laws of the State of California that the for ements or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	