ELECTRONIC - BOE-263-A (P1) REV. 00 (12-24)

## **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)

PETER ALDANA, COUNTY OF RIVERSIDE ASSESSOR-COUNTY CLERK-RECORDER PO BOX 751, RIVERSIDE, CA 92502-0751 (951) 413-2757 www.rivcoacr.org

L	اــ	for the exe with the A	emption, this	eporting treatment claim must be filed n 120 days of the the lease.
IDENTIFICATION OF APPLICANT LESSOR'S CORPORATE OR ORGANIZATION NAME				
ELECTION OF THE ON ONC, WILL WHOM WILL				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
IDENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM
				20 20
CITY, COUNTY, ZIP CODE		A	ASSESSOR'S PARC	EL NUMBER
USE OF PROPERTY ✓ Check and state the The exemption claim is made for the following p		s, please attacl		y identifies the
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 prov	or the free pub, or nonprofit couring the above	olic library, free mollege property to property descrite submit/comple	ax exemption. bed in the lease for \$1
	CERTIFICATION			
	rjury under the laws of the State of Californ ents or materials, is true, correct, and comp			
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE	<u> </u>

RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

etc. Attach a separate listing if necessary.  PROPERTY TYPE (REAL OR PERSONAL)  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  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.  CERTIFICATION  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  DATE  TITLE	NAME OF QUALIFYING LE	SSEE INSTITUTION					
Check the type of qualifying use of the property   FREE PUBLIC LIBRARY	MAILING ADDRESS						
FREE PUBLIC LIBRARY STATE COLLEGE NONPROFIT COLLEGE PUBLIC SCHOOL STATE UNIVERSITY  NAME OF LESSOR  MAILING ADDRESS  CITY, STATE, ZIP CODE  COMMENCEMENT DATE OF LEASE  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 YPE (REAL OR PERSONAL) PROPERTY YPE (NEAL OR PERSONAL)  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.  **CERTIFICATION**  L'Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.    NAME OF PERSON MAKING CLAM**   DATE   TITLE	CITY, STATE, ZIP CODE						
FREE MUSEUM	Check the type of q	ualifying use of the property					
PUBLIC SCHOOL   STATE UNIVERSITY	☐ FREE PUBLIC LIBRARY		COMMUNIT	Y COLLEGE	UNIVERSITY OF CALIFORNIA		
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					DATE		
EMAII ADDRESS	NAME OF PERSON MAKING CLAIM				TITLE		
DATING TELEFOONE  / \	EMAIL ADDRESS			DAYTIME TELEPHONE			