BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20__.

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

S S 1 To E W

TOM J. SLAVICH San Benito County Assessor

1131 San Felipe Rd., Hollister, CA 95023 Tel: (831) 636-4030

Email: sbcassr@cosb.us www.cosb.us/departments/assessor

NAME AND MAILING ADDRESS	
(Make necessary corrections to the printed name and mailing address)	
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		receive the full exemption, this claim must
L	be ·	filed with the Assessor by February 15.
 If you no longer seek an exemption at this location	 on, check here	he Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following po	primary and incidental qualifying uses of the pro roperty: (if there are numerous properties, plea property and the name and address of	ise attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement conf	er upon the lessee the exclusive right to posses	sion and use of the property?
	rator of real or personal property owned by a pul California that is used exclusively for communit s?	
Yes No Does the claimant own persona	al property used at this property for public schoo	I purposes?
Note: If requested by the assessor, the claimant	shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	ler the laws of the State of California that the for or documents, is true and correct to the best of	egoing and all information hereon, including any my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE