BOE-268-B (P1) REV. 12 (05-25)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

CRAIG S. KAY SISKIYOU COUNTY ASSESSOR-RECORDER 311 FOURTH STREET, ROOM 108 YREKA CA 96097-2984 TELEPHONE (530) 842-8036

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

This claim must be filed by 5:00 p.m., February 15.

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

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lf y	ou no longer see	$\stackrel{ extstyle}{\text{ck}}$ an exemption at this location, check here $\;\;\square\;\;$ Sign and return this form to the	e Assessor. Date vacated:		
NA	ME OF PERSON M.	AKING CLAIM	TITLE		
NA	ME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)			
NA	ME OF INSTITUTIO	N			
MA	ILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)			
AD	DRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
CIT	Y, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE		
DA`	YS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION			
_	7				
√		of qualifying exclusive use of the property. If filing for the first time, attach a communication MUSEUM	opy of the lease or agreement.		
1	LIBRARY	Is admittance to the library or museum free? If no, please explain:			
١.	☐ 163 ☐ NO	is admittance to the library of museum nee: if no, please explain.			
2.	☐ *Yes ☐ No	If a library, is there a user charge for the use of books, periodicals, or facilities	s?		
3.	☐ *Yes ☐ No	If a museum, is there a charge for viewing the museum contents?			
		*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for Office immediately. The deadline for timely filing a Claim for Welfare Exemption.			
		user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organthe requirements for the exemption.	nization and the use of the property meet all of		
4. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated busine income as defined in section 512 of the Internal Revenue Code?					
		If yes , a copy of the institution's most recent tax return filed with the Internal Property taxes as determined by establishing a ratio of the unrelated busin income will be levied.			
5.	☐ Yes ☐ No	Is any of the owned property used for sales or business purposes other than a	a bookstore? If yes, please explain:		
6.	☐ Yes ☐ No	Is any equipment or other property at this location being leased or rented from	n someone else?		
		If yes , list in the remarks section the name and address of the owner and the property. "Exclusive use" is not required for this exemption, the lessee's posses			
		The benefit of a property tax exemption must inure to the lessee institution; taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code			

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is
not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION Land: (Legal description or map book, page and parcel number from most recent tax statement)			TION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED Primary use:	
			ge and parcel number		
Area: (Acres o	r square feet)			Incidental use:	
Buildings and Improvements				Primary use:	
Bldg. No. or Name	No. of Floors	No. of Rooms	Type of Construction		
				Incidental use:	
Personal Property: Describe - include cost and acquisition dates if			Primary use:		
applicable. (Att	ach a separate	sheet if neces	ssary.)	Incidental use:	
REMARKS					
	Whon	n should we	contact during normal	business hours for additional information?	
NAME				TITLE	
DAYTIME TELEPHONE		FMΔ	AL ADDRESS	'	

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.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE