



David E. Cogdill Sr., MAI, RM
Stanislaus County Assessor

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FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

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

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

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

To receive the full exemption, this claim must be filed with the Assessor by February 15.

NAME OF PERSON MAKING CLAIM _____ TITLE _____

NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different from above) _____

NAME OF INSTITUTION _____

MAILING ADDRESS OF INSTITUTION (CITY, STATE, ZIP CODE) _____

ADDRESS OF PROPERTY (NUMBER AND STREET) _____

CITY, COUNTY, ZIP CODE _____ LEASE TERMINATION DATE _____

DAYS OF THE WEEK OPEN TO THE PUBLIC AND HOURS OF OPERATION _____

Check the type of qualifying exclusive use of the property. If filing for the first time, attach a copy of the lease or agreement.

LIBRARY MUSEUM

Yes No Is admittance to the library or museum free? If no, please explain:

*Yes No If a library, is there a user charge for the use of books, periodicals, or facilities?

*Yes No If a museum, is there a charge for viewing the museum contents?

*If **yes**, and a BOE-267, *Claim for Welfare Exemption*, has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is a user charge, a *Claim for Welfare Exemption* may be allowed if both the organization and the use of the property meet all of the requirements for the exemption.

Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable 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 Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.

Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:

Yes No Is any equipment or other property at this location being leased or rented from someone else?

If **yes**, list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.

The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.

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	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED				
<input type="checkbox"/> Land: <i>(Legal description or map book, page and parcel number from most recent tax statement)</i> <input type="checkbox"/> Area: <i>(Acres or square feet)</i>	Primary use: Incidental use:				
<input type="checkbox"/> Buildings and Improvements <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Bldg. No. or Name</td> <td style="width:15%;">No. of Floors</td> <td style="width:15%;">No. of Rooms</td> <td style="width:55%;">Type of Construction</td> </tr> </table>	Bldg. No. or Name	No. of Floors	No. of Rooms	Type of Construction	Primary use: Incidental use:
Bldg. No. or Name	No. of Floors	No. of Rooms	Type of Construction		
<input type="checkbox"/> Personal Property: Describe - include cost and acquisition dates if applicable. <i>(Attach a seperate sheet if necessary.)</i>	Primary use: Incidental use:				

REMARKS

FOR ASSESSOR'S USE ONLY	<i>Whom should we contact during normal business hours for additional information?</i>
Received by _____ <small style="margin-left: 150px;"><i>(Assessor's designee)</i></small>	NAME _____
of _____ <small style="margin-left: 150px;"><i>(county or city)</i></small>	ADDRESS <i>(city, state, zip code)</i> _____ _____
on _____ <small style="margin-left: 150px;"><i>(date)</i></small>	DAYTIME PHONE NUMBER _____ _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF CONTACT PERSON	TITLE
ADDRESS <i>(city, state, zip code)</i>	
EMAIL ADDRESS	DAYTIME TELEPHONE ()