



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%; text-align: center;">Bldg. No. or Name</td> <td style="width:15%; text-align: center;">No. of Floors</td> <td style="width:15%; text-align: center;">No. of Rooms</td> <td style="width:55%; text-align: center;">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

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FOR ASSESSOR'S USE ONLY	<i>Whom should we contact during normal business hours for additional information?</i>
Received by _____ <span style="display: block; text-align: center; font-size: small;"><i>(Assessor's designee)</i></span>	NAME _____
of _____ <span style="display: block; text-align: center; font-size: small;"><i>(county or city)</i></span>	ADDRESS <i>(city, state, zip code)</i> _____ _____
on _____ <span style="display: block; text-align: center; font-size: small;"><i>(date)</i></span>	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  ADDRESS <i>(city, state, zip code)</i>	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE (     )