FOR ASSESSOR'S USE ONLY
Received
Denied
Reason for denial
February 15. he Assessor. Date vacated:
SSOR'S PARCEL NUMBER
PROPERTY WAS FIRST USED BY CLAIMANT
anal property uilding in the course of construction? essarily and reasonably required for th and which is not at other times used for s not exceed the ordinary and necessar ng purposes is eligible for exemption on
es licensed nursery schools, preschools
ł

EF-262-AH-R11-0522-08000075-2

BOE-262-AH (P2) REV. 11 (05-22)

7. Is the real property listed on this claim	m owned by the church? 🔲 Yes [No If NO, state the name a	nd address of owner:	
OWNER NAME				
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE, 2	ZIP CODE	
	e church for parking purposes? Igregation of the church, religious de YES, the property, or portion thereof			
specifically provide that the church e rental payments, or a refund of such	exemption is taken into account in fi payments, if paid, for each month of	ixing the terms of agreement, th foccupancy (or use), or portion	ent for any leased property does not ne church shall receive a reduction in thereof, during the fiscal year equal to e assessor may request a copy of the	
9. Are bingo games being operated on each year for the property, or portion	of the property so used, to be exen	npt. 🗌 Yes 🗌 No		
10. Is any portion of this prop <mark>er</mark> ty being	used for living quarters for any per-	son? If YES, describe that portion	on: 🗌 Yes 🔤 No	
Exemption. Contact the Assessor.		emptions. Certain living quarter	rs may be exempt under the Welfare	
11. Is any portion of this pr <mark>op</mark> erty vac <mark>ar</mark> If YES, describe that portion:	it and/or unused? 🗌 Yes 📄 No			
12. Has any portion of this property been since 12:01 a.m., January 1 last year	n rented to, leased to, or been used a ar? 🔟 Yes 🗌 No	nd/o <mark>r operated</mark> by some person	or <mark>organization</mark> oth er than the claimant	
a. If property is leased to another ch CHURCH NAME	urch, provide the name and mailing	address:		
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE, 2	ZIP CODE	
 b. If property is leased to an organiz sheets if necessary. 	ation other than a church, provide t	he name, type of organization a	and frequency of use; attach additional	
NAME		ТҮРЕ	FREQUENCY	
NAME		ТУРЕ	FREQUENCY	
13. Has there been any change in the since 12:01 a.m., January 1 last yea			eted on this property	
	ne and address of the owner and th	e type, make, model, and serial	number of the property. If the property operty (attach schedule as necessary):	
Whom should we contact during normal business hours for additional information?				
NAME			TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		-1	
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, correct, and complete to the best of my knowledge and belief.

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

