:F-262-АН-R09-0515-25000284-1 3OE-262-АН (Р1) REV. 09 (05-15)	A CONTRACTOR	Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106
CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	CALIFORNIA	Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 wo enter "2011-2012.")	uld	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
F		FOR ASSESSOR'S USE ONLY
		Approved
		Denied
		Reason for denial
To receive the full exemption, this claim		
□ Check here if you no longer seek an exemption a	at this location. Si	gn and return this form to the Assessor.
NAME OF CHURCH, ORGANIZATION, ETC.		
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	_	
CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND STREET)		ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: <i>(check applicable boxes)</i> Claimant is: Owner and operator Owner only		
Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and im	Operator only	pr Personal property
2. Are all buildings and equipment claimed as exempt used solely		
<ol> <li>Is the land claimed as exempt required for the convenient use o</li> </ol>	f these buildings?	] Yes 🗌 No
4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in rel commercial purposes?		
🗌 Yes 🗌 No		—
Commercial purposes does not include the parking of vehicles of costs of operating and maintaining the property for parking purp- if the congregation of the church, religious congregation, or sect	oses. Leased property	vused for parking purposes is eligible for exemption only
5. List all uses of the property:		
6. a. Is an elementary school and/or secondary school being operation	ated at this location?	
<ul> <li>b. Is a children's day care center being operated at this location and infant care centers)?</li> </ul>	n (a children's day car	e center includes licensed nursery schools, preschools,
<b>Note:</b> If the answer is YES to a. or b. above, the property is not elig	ible for the Church Exe	mption. If the property is both owned and operated by the
church and used for religious worship, preschool purposes, nursery grade (grades 1 - 12), or for the purposes of both schools of collegiat		

Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The claimant may wish instead to annually file by February 15 for the Welfare Exemption.

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner: OWNER NAME

OWNER NAME			
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STATE, ZIP CODE	
<ul> <li>Yes □ No If YES, is the</li> <li>□ Yes □ No</li> <li>Note: The benefit of a property that the church exemption is payments, or a refund of such</li> </ul>	y the church for parking purposes? congregation of the church, religious denomina If YES, the property, or portion thereof, so use y tax exemption must inure to the church; if taken into account in fixing the terms of a payments, if paid, for each month of occupand not paid during such fiscal year by reason of th	ed is not eligible for exemption. the lease or rental agreement does no greement, the church shall receive a cy (or use), or portion thereof, during th	ot specifically provide a reduction in rental
	I on this property? If YES, a claim for the Welfa tion of the property so used, to be exempt.		sessor by February 15
<b>Note:</b> Living quarters are not e Exemption. Contact the Assesse	eing used for living quarters for any person? If ` ligible for the Church or Religious Exemption: r. acant and/or unused?  Yes  No		
If YES, describe that portion:			
CHURCH NAME MAILING ADDRESS (NUMBER AND S b. If property is leased to an or	er church, provide the name and mailing addre	CITY, STATE, ZIP CODE	f use; attach additiona
sheets if necessary.		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
	except for wo <mark>rsh</mark> ip only) is not eligible for the Ch I for the Welfare Exemption. Contact the Asses		claimant (owner) and
13. Has there been any change in	the use of the property or any construction co a year?		perty
Yes No If YES, list the	erty at this location being leased or rented from name and address of the owner and the type, ed exclusively for religious worship, please state	make, model, and serial number of the p	
	ould we contact during normal business		
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	I	

## 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
	DATE

