Mono County Office Of The Assessor Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor
FOR ASSESSOR'S USE ONLY
Received
Approved
Denied
Reason for denial
th the Assessor by February 15.
d return this form to the Assessor. Date vacated:
ASSESSOR'S PARCEL NUMBER
DATE PROPERTY WAS FIRST USED BY CLAIMANT
y and/or Personal property orship, including any building in the course of construction? gs? parking purposes necessarily and reasonably required for the o or religious activity, and which is not at other times used for e revenue of which does not exceed the ordinary and necessary property used for parking purposes is eligible for exemption only than 500 members.
ation?
dov opro contor includes licensed purchaster to the standard
day care center includes licensed nursery schools, preschools
nurch Exemption. If the property is both owned and operated by the ses, kindergarten purposes, school purposes of less than collegiate chools of less than collegiate grade, the claimant may qualify for the d should be filed by February 15; contact the Assessor. The claiman
n s

EF-262-AH-R11-0522-26000137-2

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

7. Is the real property listed on this clair	m owned by the church? 🔲 Yes 🗌 N	lo If NO, state the name and address of owne	er:
OWNER NAME			
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE, ZIP CODE	
		mination, or sect greater than 500 members?	
specifically provide that the church e rental payments, or a refund of such	exemption is taken into account in fixing payments, if paid, for each month of occ	the lease or rental agreement for any leased g the terms of agreement, the church shall rece cupancy (or use), or portion thereof, during the f of the Church Exemption. The assessor may rec	eive a reduction in fiscal year equal to
	this property? If YES, a claim for the W of the property so used, to be exempt.	/elfare Exemption must be filed with the Assess	sor by February 15
10. Is any portion of this prop <mark>er</mark> ty being	used for living quarters for any pe <mark>rs</mark> on'	? If YES, describe that portion: 🗌 Yes 🗌 No	
Note: Living quarters are not eligib Exemption. Contact the <mark>As</mark> sessor.	le for the Church or Religious Exemp	tions. Certain living quarters 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:	t and/or unused? 🔲 Yes 📄 No		
12. Has any portion of this property beer since 12:01 a.m., January 1 last yea	n rented to, leased to, or been used and/ ar? 🚺 Yes 🗌 No	or operated by some person or organization othe	er than the claimant
a. If property is leased to another ch CHURCH NAME	nurch, provide the name and mailing add	dress:	
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE, ZIP CODE	
b. If property is leased to an organiz sheets if necessary.	ration other than a church, provide the r	name, type of organization and frequency of use	e; attach additional
NAME		ТҮРЕ	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
	use of the property or any construction ar?	n commenced and/or completed on this proper	rty
	ne and address of the owner and the ty	pe, make, model, and serial number of the prop	
listed is not used e	xclusively for religious worship, please s	state the other uses of the property (attach sched	dule as necessary):
Whom should	d we contact during normal busine	ess hours for additional information?	
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		
<u>\ /</u>	CERTIFICATI	ON	
		-	

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

