CALIFORNIA	Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov
	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
	n this form to the Assessor. Date vacated:
	ASSESSOR'S PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLAIMANT
or bicycles, the revenue	g purposes necessarily and reasonably required for the gious activity, and which is not at other times used for used for which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption on
ated at this location?	
n (a children's day car	re center includes licensed nursery schools, preschool
ry school purposes, kind ate grade and schools o	temption. If the property is both owned and operated by th dergarten purposes, school purposes of less than collegia of less than collegiate grade, the claimant may qualify for th I be filed by February 15; contact the Assessor. The claima
	Operator only mprovements and/e for religious worship, i of these buildings? is claimed for parking eligious worship or reli or bicycles, the revenu ooses. Leased property it is no greater than 50 rated at this location? n (a children's day car igible for the Church Ex y school purposes, kinc ate grade and schools o ng" provision and should

EF-262-AH-R11-0522-34000130-2

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

7. Is the real property listed on this clair	m owned by the church? 🗌 Yes 🗌 I	No If NO, state the name and address of own	ner:	
OWNER NAME				
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE, ZIP CODE		
		mination, or sect greater than 500 members?		
Note: The benefit of a property tax specifically provide that the church e rental payments, or a refund of such	exemption must inure to the church; it xemption is taken into account in fixin payments, if paid, for each month of oc	f the lease or rental agreement for any lease g the terms of agreement, the church shall re cupancy (or use), or portion thereof, during the of the Church Exemption. The assessor may r	eceive a reduction in e fiscal year equal to	
	this property? If YES, a claim for the V of the property so used, to be exempt.	Velfare Exemption must be filed with the Asse	essor by February 15	
10. Is any portion of this prop <mark>er</mark> ty being	used for living quarters for any person	? If YES, describe that portion: 🗌 Yes 🗌 N	0	
Note: Living quarters are not eligib Exemption. Contact the Assessor.	le for the Church or Religious Exemp	otions. Certain living quarters may be exemp	ot 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 <mark>un</mark> used? 🔲 Yes 📃 No			
since 12:01 a.m., January 1 last yea	ar?	or operated by some person or organization ot Idress:	her than the claimant	
		name, type of organization and frequency of u	use: attach additional	
sheets if necessary.				
NAME		TYPE	FREQUENCY	
NAME		TYPE	FREQUENCY	
since 12:01 a.m., January 1 last yea	ar? 🗌 Yes 📋 No If YES, describe:	n commenced and/or completed on this prop	erty	
	ne and address of the owner and the ty	from someone else? pe, make, model, and serial number of the pro state the other uses of the property <i>(attach sch</i>		
Whom should we contact during normal business hours for additional information?				
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
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

