Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov
Received
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Approved Denied Reason for denial filed with the Assessor by February 15.
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ASSESSOR'S PARCEL NUMBER
DATE PROPERTY WAS FIRST USED BY CLAIMANT
s and/or Personal property worship, including any building in the course of construction? dings? for parking purposes necessarily and reasonably required for the ship or religious activity, and which is not at other times used for the revenue of which does not exceed the ordinary and necessary ed property used for parking purposes is eligible for exemption only er than 500 members.
ocation?
's day care center includes licensed nursery schools, preschools,
Church Exemption. If the property is both owned and operated by the
boses, kindergarten purposes, school purposes of less than collegiate d schools of less than collegiate grade, the claimant may qualify for the and should be filed by February 15; contact the Assessor. The claimant

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7. Is the real property listed on this	claim owned by the church?	S 📋 No If NO, state the name	e and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND S	STREET/P. O. BOX)	CITY, STATI	E, ZIP CODE
Yes No If YES, is the	by the church for parking purposes? congregation of the church, religious of If YES, the property, or portion them		
specifically provide that the chur rental payments, or a refund of s	ch exemption is taken into account in uch payments, if paid, for each month	n fixing the terms of agreement of occupancy (or use), or portio	ement for any leased property does not , the church shall receive a reduction in on thereof, during the fiscal year equal to The assessor may request a copy of the
	d on this property? If YES, a claim for rtion of the property so used, to be ex		e filed with the Assessor by February 15
10. Is any portion of this property t	eing used for living quarters for any p	erson? If YES, describe that po	rtion: 🗌 Yes 🗌 No
<b>Note:</b> Living quarters are not e Exemption. Contact the Assess 11. Is any portion of this property v	pr.		ters may be exempt under the Welfare
If YES, describe that portion:			
since 12:01 a.m., January 1 las	st year? 🔲 Yes 🗌 No		on or organization other than the claimant
a. If property is leased to anoth CHURCH NAME	er church, provide the name and mail	ing address:	
MAILING ADDRESS (NUMBER AND	STREET/P. O. BOX)	CITY, STAT	E, ZIP CODE
<ul> <li>b. If property is leased to an orgonized sheets if necessary.</li> </ul>	ganization other than a church, provid	e the name, type of organization	n and frequency of use; attach additional
NAME		Туре	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
<ul> <li>the user/operator both file a clair</li> <li>13. Has there been any change ir since 12:01 a.m., January 1 las</li> <li>14. Is any equipment or other prop</li> <li>Yes No If YES, list the</li> </ul>	m for the Welfare Exemption. Contact to the use of the property or any const st year? ☐ Yes ☐ No If YES, desc erty at this location being leased or re a name and address of the owner and	the Assessor. ruction commenced and/or con ribe: nted from someone else? the type, make, model, and ser	ay be exempt if the claimant (owner) and npleted on this property ial number of the property. If the property property ( <i>attach schedule as necessary</i> ):
NAME WNOM ST	nould we contact during normal b	usiness hours for additiona	
	EMAIL ADDRESS		
	CERTIFI		
	of perjury under the laws of the State tements or documents, is true, correc		and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		·	TITLE
NAME OF PERSON MAKING CLAIM			DATE

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