EF-262-AH-R11-0522-20000067-1 BOE-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP This claim is filed for fiscal year 20 20	C O UN	Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor	
(Example: a person filing a timely claim in January 2011 would enter "2011-2012.") NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			
F		FOR ASSESSOR'S USE ONLY Received	
L		Reason for denial	
To receive the full exemption, this claim n			
If you no longer seek an exemption at this location, check NAME OF CHURCH, ORGANIZATION, ETC.	tere Sign and return thi	is form to the Assessor. Date vacated:	
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	
	e of these buildings? on is claimed for parking pur religious worship or religiou es or bicycles, the revenue o urposes. Leased property use	rposes necessarily and reasonably required for the us activity, and which is not at other times used for f which does not exceed the ordinary and necessary ed for parking purposes is eligible for exemption only	
 6. a. Is an elementary school and/or secondary school being op Yes No b. Is a children's day care center being operated at this locat and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the property is not church and used for religious worship, preschool purposes, nurs grade (grades 1 - 12), or for the purposes of both schools of colle 	tion (a children's day care ca eligible for the Church Exemp sery school purposes, kinderga giate grade and schools of les	otion. If the property is both owned and operated by the arten purposes, school purposes of less than collegiate ss than collegiate grade, the claimant may qualify for the	
Religious Exemption. The Religious Exemption has a "one-time fi may wish instead to annually file by February 15 for the Welfare THIS DOCUMENT IS S	Exemption. SUBJECT TO PUBLIC I	· · · ·	
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BOE-262-AH (P2) REV. 11 (05-22)

7. Is the real property listed on this	claim owned by the church? [Yes No If NO, sta	te the name and addres	s of owner:
OWNER NAME				
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)		CITY, STATE, ZIP CODE	
	y the church for parking purpos congregation of the church, re If YES, the property, or portio	ligious denomination, or se	-	mbers?
Note: The benefit of a property specifically provide that the chur rental payments, or a refund of s one-twelfth of the property taxes lease or rental agreement.	ch exemption is taken into acc uch payments, if paid, for each	ount in fixing the terms of month of occupancy (or us	agreement, the church se), or portion thereof, du	shall receive a reduction in uring the fiscal year equal to
9. Are bingo games being operated each year for the property, or po				he Assessor by February 15
10. Is any portion of this property b				
Note: Living quarters are not e Exemption. Contact the Assesso		jious Exemptions. Certain	living quarters may be	exempt under the Welfare
11. Is any portion of this property v	acant and/or unused? 🔲 Yes	No		
If YES, describe that portion:				
12. Has any portion of this property since 12:01 a.m., January 1 las	it year? 🔟 Yes 🗌 No		some person or organiz	ation other than the claimant
a. If property is leased to anothe CHURCH NAME	er church, provide the name an	d mailing address:		
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)		CITY, STATE, ZIP CODE	
 b. If property is leased to an organized sheets if necessary. 	janization other than a church,	provide the name, type of	organization and freque	ncy of use; attach additional
NAME			ТҮРЕ	FREQUENCY
NAME			ТҮРЕ	FREQUENCY
13. Has there been any change in since 12:01 a.m., January 1 las			and/or completed on th	nis property
	erty at this loc <mark>ation being lease</mark> name and address of the owne ed exclusively for religious wors	er and the type, make, mo	del, and serial number o	
Whom sh	ould we contact during nor	mal business hours for	additional information	on?
NAME			TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS			
	CE	RTIFICATION		

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

