EF-262-AH-R09-0515-26000449-1 BOE-262-AH (P1) REV. 09 (05-15)

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



This claim is filed for fiscal year 20____ - 20_ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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

NAME AND MAILING ADDRESS	
(Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
To receive the full exemption, this claim must be	
Check here if you no longer seek an exemption at this loc	ation. Sign and return this form to the Assessor.
NAME OF CHURCH, ORGANIZATION, ETC.	1.5 A
WEBSITE ADDRESS (IF ANY)	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	
CUTY OTATE ZID CODE	
CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
	<u> </u>
CITY, COUNTY, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Claimant is:	and/or Personal property worship, including any building in the course of construction? dings? Yes No for parking purposes necessarily and reasonably required for the chip or religious activity, and which is not at other times used for the revenue of which does not exceed the ordinary and necessary and property used for parking purposes is eligible for exemption only
 a. Is an elementary school and/or secondary school being operated at this l ☐ Yes ☐ No 	ocation?
b. Is a children's day care center being operated at this location (a children and infant care centers)?	a's day care center includes licensed nursery schools, preschools,
☐ Yes ☐ No	
Note : If the answer is YES to a. or b. above, the property is not eligible for the C church and used for religious worship, preschool purposes, nursery school purp grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and	oses, kindergarten purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

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7. Is the real property listed on this claim OWNER NAME	owned by the church? Ye	s No If NO, state the name	and address of owner:
MAILING ADDRESS (NUMBER AND STREE	T/P. O. BOX)	CITY, STAT	E, ZIP CODE
☐ Yes ☐ No If Y Note: The benefit of a property tax that the church exemption is take	pregation of the church, religiou ES, the property, or portion ther exemption must inure to the in into account in fixing the te ents, if paid, for each month of	erms of agreement, the chur f occupancy (or use), or portion	xemption. agreement does not specifically provide ch shall receive a reduction in rental n thereof, during the fiscal year equal to
9. Are bingo games being operated on to each year for the property, or portion of			be filed with the Assessor by February 15
 Note: Living quarters are not eligible Exemption. Contact the Assessor. 11. Is any portion of this property vacant If YES, describe that portion: 	for the Church or Religious	Exemptions. Certain living qual	ortion: Yes No
since 12:01 a.m., January 1 last yea a. If property is leased to another checked to anoth	r? Yes No urch, provide the name and ma	city, STAT	on or organization other than the claimant
sheets if necessary.		TYPE	FREQUENCY
Note: Property used by others (excepthe user/operator both file a claim for			FREQUENCY ay be exempt if the claimant (owner) and
 13. Has there been any change in the usince 12:01 a.m., January 1 last year 14. Is any equipment or other property a Yes No If YES, list the name 	t this location being leased or read address of the owner and	truction commenced and/or corscribe: ented from someone else? I the type, make, model, and ser	rial number of the property. If the property property (attach schedule as necessary).
Whom should	we contact during normal l	ousiness hours for additiona	al information?
NAME			TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
	CERTIF	ICATION	
		of California that the foregoing ct, and complete to the best of n	and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		·	TITLE
NAME OF PERSON MAKING CLAIM			DATE

