THE DUPED UNIT	MARK CHURCH Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435 email: assessor@smcacre.gov web: www.smcacre.gov
	FOR ASSESSOR'S USE ONLY
	Received Approved
	Denied Reason for denial
	the Assessor by February 15. n and return this form to the Assessor.
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	ASSESSOR'S PARCEL NUMBER
	ASSESSOR 5 PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLAIMANT
of these buildings? In is claimed for parking eligious worship or religi or bicycles, the revenue boses. Leased property u ot is no greater than 500	cluding any building in the course of construction? purposes necessarily and reasonably required for the ous activity, and which is not at other times used for of which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption only
	center includes licensed nursery schools, preschools nption. If the property is both owned and operated by the
	a must be filed with at this location. Sig

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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
Note: 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
 b. If property is leased to an orgonized sheets if necessary. 	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
 the user/operator both file a clair 13. Has there been any change ir since 12:01 a.m., January 1 las 14. Is any equipment or other prop Yes No If YES, list the 	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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