-262-AH-R10-0519-53000157-1 BOE-262-AH (P1) REV. 10 (05-19) 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.")		Shanna White County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
Γ	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
	1	Reason for denial
To receive the full exemption, this clain □ Check here if you no longer seek an exemption		
NAME OF CHURCH, ORGANIZATION, ETC.		
WEBSITE ADDRESS (IF ANY)		U A
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
Claimant is: □ Owner and operator □ Owner only □ and claims exemption on all □ Land □ Buildings and in 2. Are all buildings and equipment claimed as exempt used solely □ 1 □ Yes □ No 0 0 3. Is the land claimed as exempt required for the convenient use of the second of the convenient use of the second of the secon	mprovements and/ / for religious worship, i of these buildings? n is claimed for parking eligious worship or reli or bicycles, the revenu- poses. Leased property	purposes necessarily and reasonably required for the gious activity, and which is not at other times used for the of which does not exceed the ordinary and necessarily used for parking purposes is eligible for exemption on
6. a. Is an elementary school and/or secondary school being oper	rated at this location?	
b. Is a children's day care center being operated at this locatic and infant care centers)?	on (a children's day car	e center includes licensed nursery schools, preschools
Yes No Note: If the answer is YES to a. or b. above, the property is not electron of the descent of the property is not electron of the descent of the purposes of both schools of colleging Religious Exemption. The Religious Exemption has a "one-time filling may wish instead to annually file by February 15 for the Welfare Exemption of the descent of the purposes of the Statement of th	ry school purposes, kind iate grade and schools on ng" provision and should xemption.	lergarten purposes, school purposes of less than collegiat f less than collegiate grade, the claimant may qualify for th be filed by February 15; contact the Assessor. The claimar
	UBJECT TO PUBL	

EF-262-AH-R10-0519-53000157-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this cla	im owned by the church? U Yes	No If NO, state the name	e and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE	E, ZIP CODE
	ne church for parking purposes? Ingregation of the church, religious d YES, the property, or portion therec	-	
specifically provide that the church rental payments, or a refund of such	exemption is taken into account in to payments, if paid, for each month o	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
	n this property? If YES, a claim for t n of the property so used, to be exe		e filed with the Assessor by February 15
10. Is any portion of this property bein	g used for living quarters for any per	rson? If YES, describe that po	rtion: 🗌 Yes 🗌 No
Exemption. Contact the Assessor.		emptions. Certain living quar	ters may be exempt under the Welfare
11. Is any portion of this property vaca If YES, describe that portion:			
since 12:01 a.m., January 1 last ye	ear? 🔲 Yes 🗌 No		on or organization other than the claimant
a. If property is leased to another of CHURCH NAME	church, provide the name and mailing	g address:	
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE	ZIP CODE
b. If property is leased to an organ sheets if necessary.	ization other than a church, provide	the name, type of organization	n and frequency of use; attach additional
NAME		ТҮРЕ	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
 the user/operator both file a claim for 13. Has there been any change in the since 12:01 a.m., January 1 last yet 14. Is any equipment or other property □ Yes □ No If YES, list the name 	or the Welfare Exemption. Contact the e use of the property or any constru- ear? Yes No If YES, description y at this location being leased or rem ume and address of the owner and the	ted from someone else?	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>):
Whom shou	ld we contact during normal bu	siness hours for additiona	
DAYTIME TELEPHONE	EMAIL ADDRESS		
	CERTIFIC		
	perjury under the laws of the State or nents or documents, is true, correct,		and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

	EF-262-A	H-R10-0519-	53000157			