	31 10	County Assessor/Clerk-Recorder
30E-262-AH (P1) REV. 11 (05-22)		221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593
	Call PORTIN	Ph: (559) 636-5100
PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP		Fax: (559) 737-4468
This claim is filed for fiscal year 20 20 (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)		
		FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied Reason for denial
L		
To rece <u>ive the full exem</u> ption, t <u>hi</u> s cl <u>ai</u> m m	ust be filed with the As	sessor by February 15.
If you no longer seek an exemption at this location, check h		
NAME OF CHURCH, ORGANIZATION, ETC.		N A
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 CLAIMAN
1. Owner and operator: <i>(check applicable boxes)</i>		
1. Owner and operator: <i>(check applicable boxes)</i> Claimant is: □ Owner and operator □ Owner only	Operator only	
Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and	mprovements and/or	
Claimant is: Owner and operator Owner only	mprovements and/or	
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Tara K. Freitas

EF-262-AH-R11-0522-54000121-2

BOE-262-AH (P2) REV. 11 (05-22)

7. Is the real property listed on this cla	im owned by the church? 🛛 Yes [No If NO, state the name and address of owner:		
OWNER NAME				
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE		
	ngregation of the church, religious de	enomination, or sect greater than 500 members? f, so used is not eligible for exemption.		
specifically provide that the church rental payments, or a refund of such	exemption is taken into account in fi payments, if paid, for each month of	h; if the lease or rental agreement for any leased property does no ixing the terms of agreement, the church shall receive a reduction in foccupancy (or use), or portion thereof, during the fiscal year equal to on of the Church Exemption. The assessor may request a copy of the		
	n this property? If YES, a claim for th n of the property so used, to be exen	ne Welfare Exemption must be filed with the Assessor by February 1 npt. ☐ Yes ☐ No		
10. Is any portion of this property bein	g used for living quarters for any per	son? If YES, describe that portion: 🗌 Yes 📄 No		
Exemption. Contact the Assessor.		emptions. Certain living quarters may be exempt under the Welfar		
 Is any portion of this property vaca If YES, describe that portion: 	nt and/or unused? 🗌 Yes 🗌 No			
since 12:01 a.m., January 1 last ye	ear?	nd/or operated by some person or organization other than the claimar g address: CITY, STATE, ZIP CODE		
 b. If property is leased to an organ sheets if necessary. 	ization other than a church, provide t	he name, type of organization and frequency of use; attach additiona		
NAME		TYPE		
NAME		TYPE FREQUENCY		
	e use of the property or any constructed ar?	ction commenced and/or completed on this property be:		
listed is not used	me and address of the owner and the exclusively for religious worship, plea	e type, make, model, and serial number of the property. If the propert se state the other uses of the property (<i>attach schedule as necessary</i>)		
	Id we contact during normal bus	siness hours for additional information?		
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS	I		
CERTIFICATION				

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

