rt Menvielle rial County Assessor Main Street Suite 115 rro, CA 92243 ffice: (442) 265-1300 e: assessor.imperialcounty.	
. assessor imperiate any.	org
FOR ASSESSOR'S	USE ONLY
Received	
Approved	
Denied	
Reason for denial	
ssor by February 15.	
irn this form to the A	ssessor.
ESSOR'S PARCEL NUMBER	
E PROPERTY WAS FIRST USE	ED BY CLAIMAN
onal property building in the course of co cessarily and reasonably and which is not at other es not exceed the ordinary ing purposes is eligible for	required for th r times used f y and necessa
des licensed nursery scho	ools, preschool
ruary 15; contact the Asses	ss than collegia nay qualify for th
colle Feb	collegiate grade, the claimant n February 15; contact the Asses

EF-262-AH-R10-0519-13000335-2 BOE-262-AH (P2) REV. 10 (05-19)

	n this claim owned by the church? U Yes	No If NO, state the name and address of	i owner:
OWNER NAME			
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
Yes No If YES,	sed by the church for parking purposes? is the congregation of the church, religious] No If YES, the property, or portion there	denomination, or sect greater than 500 membe eof, so used is not eligible for exemption.	ərs?
specifically provide that the rental payments, or a refun	church exemption is taken into account ir d of such payments, if paid, for each month	rch; if the lease or rental agreement for any lean fixing the terms of agreement, the church sha of occupancy (or use), or portion thereof, during ason of the Church Exemption. The assessor m	all receive a reduction in g the fiscal year equal to
	erated on this property? If YES, a claim for or portion of the property so used, to be ex-	the Welfare Exemption must be filed with the A empt Yes No	Assessor by February 15
10. Is any portion of this prop	erty being used for living quarters for any p	erson? If YES, describe that portion: \Box Yes [] No
Note: Living quarters are Exemption. Contact the As		exemptions. Certain living quarters may be ex	empt under the Welfare
11. Is any portion of this prop If YES, describe that portion	erty vacant and/or unused? 🔲 Yes 🗌 No on:	2	
	perty been rented to, leased to, or been used 1 last year? □ Yes □ No	d and/or operated by some person or organizatio	on other than the claimant
a. If property is leased to a CHURCH NAME	another church, provide the name and maili	ng address:	
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
b. If property is leased to a sheets if necessary.	an organization other than a church, provide	e the name, type of organization and frequency	of use; attach additional
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a 13. Has there been any char	a claim for the Welfare Exemption. Contact	ruction commenced and/or completed on this p	
Yes No If YES, li		nted from someone else? the type, make, model, and serial number of the ease state the other uses of the property (attach	
Who	m should we contact during normal b	usiness hours for additional information?	?
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	I	
	CERTIFI	CATION	
I certify (or declare) under pe	nalty of perjury under the laws of the State	of California that the foregoing and all informati	on 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

