	Kristen DePaul Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218
SLIFORN	Fax: (530) 233-6237 assessor@co.modoc.ca.us
_	
Ι	FOR ASSESSOR'S USE ONLY
	Received
	Approved Denied
	Reason for denial
	h the Assessor by February 15.
at this location. Si	ign and return this form to the Assesso
	ASSESSOR'S PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLA
of these buildings? on is claimed for parking religious worship or relig s or bicycles, the revenu	purposes necessarily and reasonably required gious activity, and which is not at other times us ue of which does not exceed the ordinary and nec y used for parking purposes is eligible for exemption
erated at this location? ion (a children's day care	e center includes licensed nursery schools, pres
-	
	emption. If the property is both owned and operated lergarten purposes, school purposes of less than co
	at this location. Si at this location. Si at this location. Si at this location. Si at this location only improvements and/ y for religious worship, if of these buildings? n is claimed for parking religious worship or reli s or bicycles, the revenu poses. Leased property at is no greater than 50 erated at this location? on (a children's day car eligible for the Church Ex

EF-262-AH-R10-0519-25000206-2 BOE-262-AH (P2) REV. 10 (05-19)

> 7 Is the real property listed on this clair d h v th chi urch? 🗌 Ves 🗌 No If NO state th ddr of

	this claim owned by the church?	_ No If NO, state the name and address o	f owner:
OWNER NAME			
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
Yes No If YES, i	ed by the church for parking purposes? s the congregation of the church, religious de] No If YES, the property, or portion thereof,	_	ers?
specifically provide that the rental payments, or a refund	erty tax exemption must inure to the church church exemption is taken into account in fix of such payments, if paid, for each month of axes not paid during such fiscal year by reaso	xing the terms of agreement, the church sha occupancy (or use), or portion thereof, durin	all receive a reduction in g the fiscal year equal to
	rated on this property? If YES, a claim for the or portion of the property so used, to be exem		Assessor by February 15
10. Is any portion of this prope	rty being used for living quarters for any pers	son? If YES, describe that portion: \Box Yes [No
Note: Living quarters are a Exemption. Contact the Ass	not eligible for the Church or Religious Exer sessor.	mptions. Certain living quarters may be ex	cempt under the Welfare
11. Is any portion of this prope If YES, describe that portio	rty vacant and/or unused? 🔲 Yes 🗌 No n:		
	erty been rented to, leased to, or been used ar 1 last year? Yes No	nd/or operated by some person or organization	on other than the claimant
a. If property is leased to a CHURCH NAME	nother church, provide the name and mailing	address:	
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
b. If property is leased to a sheets if necessary.	n organization other than a church, provide th	he name, type of organization and frequency	v of use; attach additional
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a	ers (except for worship only) is not eligible for claim for the Welfare Exemption. Contact the ge in the use of the property or any construc 1 last year? Yes No If YES, describe	e Assessor. tion commenced and/or completed on this	
Yes No If YES, lis	property at this location being leased or rente at the name and address of the owner and the ot used exclusively for religious worship, pleas	e type, make, model, and serial number of th	
Whor	n should we contact during normal busi	iness hours for additional information	?
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		
<u> </u>	CERTIFICA	ATION	
	alty of perjury under the laws of the State of (g statements or documents, is true, correct, a		

TITLE SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM DATE

