	OF	Sendy Perez
-262-AH-R08-0514-11000833-1)E-262-AH (P1) REV. 08 (05-14)		Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988
CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	Canal Contraction	Phone: (530) 934-6402 FAX: (530) 934-6571
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 wo enter "2011-2012.")	buld	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	7	FOR ASSESSOR'S USE ONLY
	I	Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim	n must be filed with t	he Assessor by February 15.
NAME OF CHURCH, ORGANIZATION, ETC.		
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 CLAIMANT
 Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only and claims exemption on all I Land Buildings and ir Second Seco	mprovements and/or	Personal property uding any building in the course of construction?
 Is the land claimed as exempt required for the convenient use of 	of these buildings?	
☐ Yes ☐ No	U U	
 4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in re commercial purposes? 		
🗌 Yes 🔲 No		
Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking purp if the congregation of the church, religious congregation, or sec	oses. Leased property us	sed for parking purposes is eligible for exemption only
5. List all uses of the property:		
	rated at this location?	
6. a. Is an elementary school and/or secondary school being oper ☐ Yes ☐ No		
b. Is a children's day care center being operated at this locatio and infant care centers)?	n (a children's day care c	enter includes licensed nursery schools, preschools,
Note: If the answer is YES to a. or b. above, the property is not elig church and used for religious worship, preschool purposes, nursery grade (grades 1 - 12), or for the purposes of both schools of collegia Religious Exemption. The Religious Exemption has a "one-time f claimant may wish instead to annually file by February 15 for the We	school purposes, kindergate grade and schools of les iling" provision and should	arten purposes, school purposes of less than collegiate s than collegiate grade, the claimant may qualify for the

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7. Is the real property listed on this claim owned by the church?

Yes No If NO, state the name and address of owner:

OWNER NAME			
MAILING ADDRESS (NUMBER AND STF	REET/P. O. BOX)		CITY, STATE, ZIP CODE
Yes No I Note: The benefit of a property to that the church exemption is ta	ongregation of the church, religious d f YES, the property, or portion thereo ax exemption must inure to the chu- ken into account in fixing the terr	f, so used is not elig urch; if the lease o ms of agreement,	gible for exemption. or rental agreement does not specifically provide the church shall receive a reduction in rental
	yments, if paid, for each month of o ot paid during such fiscal year by reas		or portion thereof, during the fiscal year equal to Exemption.
	on of the property so used, to be exer	npt.	on must be filed with the Assessor by February 15
	ig used for living quarters for any per		be that portion.
Note: Living quarters are not eligent exemption. Contact the Assessor.	ible for the Church or Religious Exe	emptions. Certain I	iving quarters may be exempt under the Welfare
11. Is any portion of this property vac			
Yes No If YES, describe		and/or operated by s	some person or organization other than the claimant
since 12:01 a.m., January 1 last y			
Yes No If YES, describe			
If property is leased to another chu CHURCH NAME	rrch, provide the name and mailing ac	ddress:	
MAILING ADDRESS (NUMBER AND STR	REET/P. O. BOX)		CITY, STATE, ZIP CODE
			ption. It may be exempt if the claimant (owner) and
the user/operator both file a claim f 13. Has there been any change in th	or the Welfare Exemption. Contact th		and/or completed on this property
since 12:01 a.m., January 1 last y	ear?		
Yes No If YES, describe	:		
	ame and address of the owner and th	ie type, make, mode	else? el, and serial number of the property. If the property ises of the property <i>(attach schedule as necessary)</i> [:]
Whom sho	uld we contact during normal bus	siness hours for a	additional information?
NAME			
DAYTIME TELEPHONE	EMAIL ADDRESS		
	CERTIFIC	ATION	
I certify (or declare) under penalty of			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

 NAME OF PERSON MAKING CLAIM

 DATE

