| EFF-262-ARH-R10-0519-3100402-1 PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP This claim is filed for fiscal year 20 20 (Example: a person fling a timely claim in January 2011 would enter "2011-2012.") NAME ADD MAILING ADDRESS (Mode necessary corrections to the printed name and mailing address) Image: Church claim in January 2011 would enter "2011-2012.") NAME ADD MAILING ADDRESS (Mode necessary corrections to the printed name and mailing address) Image: Church claim in January 2011 would enter "2011-2012.") NAME ADD MAILING ADDRESS (Mode necessary corrections to the printed name and mailing address) Image: Church claim in January 2011 would enter "2011-2012.") NAME ADD MAILING ADDRESS (Mode necessary corrections to the printed name and mailing address) Image: Church claim claim claim in January 2011 would enter "2011-2012.") NAME Claim Church claim claim claim claim match claim must be filed with the Assessor by February 15. Check here if you no longer seek an exemption at this location. Sign and return this form to the A NAME Cl CHURCH, ORGANIZATION, ETC. WEBSITE ADDRESS (IF ANY) MAILING ADDRESS (IF ANY) MAILING ADDRESS (IF ANY) MAILING ADDRESS (IF ANY) MAILING ADDRESS (IF ANY) Image: Claimant is: Church claime and perator: (Chry, COUNTY, ZIP CODE | |
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| CHURCH EXEMPTION Addum, CA 95603-290 PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP Addum, CA 95603-290 This claim is filed for fiscal year 20 20 Prome: (330) 888-4300 Creating a timely claim in January 2011 would enter "2011-2012.") Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address) Image: Comparison of the printed name and mailing address (transmitted name and mailing address (transmitted name and name and name and naddress (transmitted name and naddress (tra | |
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| This claim is filed for fiscal year 20 20 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/Website: www.placer.ca.gov/State: placer.ca.gov/State: placer.ca.gov/Website: www.placer.ca.gov/State: placer.ca.gov/State: place | |
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| To receive the full exemption, this claim must be filed with the Assessor by February 15. Check here if you no longer seek an exemption at this location. Sign and return this form to the A 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 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operator only and claims exemption on all Buildings and improvements and claims and equipment claimed as exempt used solely for religious worship, including any building in the course of complex in the cours | |
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| 2. Are all buildings and equipment claimed as exempt used solely for religious worship, including any building in the course of co | |
| ☐ Yes ☐ No | anatruation? |
| | JISTUCTOR |
| 3. Is the land claimed as exempt required for the convenient use of these buildings? | |
| | |
| | |
| 4. Is all real property used by the church upon which exemption is claimed for parking purposes necessarily and reasonably parking of automobiles of persons attending or engaged in religious worship or religious activity, and which is not at othe commercial purposes? | |
| | |
| <i>Commercial purposes</i> does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinar costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible fo | |
| if the congregation of the church, religious congregation, or sect is no greater than 500 members. | |
| 5. List all uses of the property: | |
| | |
| 6. a. Is an elementary school and/or secondary school being operated at this location? | |
| | |
| b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery scho and infant care centers)? | ols, preschools |
| | |
| Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of leagrade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant n Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Asses | ss than collegiat nay qualify for th |

| - | THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION |
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| | EF-262-AH-R10-0519-31000402 |

EF-262-AH-R10-0519-31000402-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner:

| | his claim owned by the church? | No If NO, state the name and address o | f owner: | |
|---|---|--|--|--|
| OWNER NAME | | | | |
| MAILING ADDRESS (NUMBER AN | D STREET/P. O. BOX) | CITY, STATE, ZIP CODE | | |
| Yes No If YES, is | y, used by the church for parking purposes? ES, is the congregation of the church, religious denomination, or sect greater than 500 members? Is ☐ No If YES, the property, or portion thereof, so used is not eligible for exemption. | | | |
| specifically provide that the cl rental payments, or a refund o | nurch exemption is taken into account ir f such payments, if paid, for each month | rch; if the lease or rental agreement for any lo n fixing the terms of agreement, the church sh of occupancy (or use), or portion thereof, durin ason of the Church Exemption. The assessor n | all receive a reduction in ing the fiscal year equal to | |
| | ted on this property? If YES, a claim for portion of the property so used, to be ex- | the Welfare Exemption must be filed with the empt Yes No | Assessor by February 15 | |
| 10. Is any portion of this property | y being used for living quarters for any p | erson? If YES, describe that portion: \Box Yes | No | |
| Note: Living quarters are not Exemption. Contact the Asset | | exemptions. Certain living quarters may be executed as a set of the set of th | kempt under the Welfare | |
| 11. Is any portion of this property If YES, describe that portion: | / vacant and/or unused? 🏾 Yes 🗌 No | 0 | | |
| 12. Has any portion of this proper since 12:01 a.m., January 1 | | d and/or operated by some person or organization | on other than the claimant | |
| a. If property is leased to and CHURCH NAME | ther church, provide the name and maili | ng address: | | |
| MAILING ADDRESS (NUMBER AN | D STREET/P. O. BOX) | CITY, STATE, ZIP CODE | | |
| b. If property is leased to an sheets if necessary. | organization other than a church, provide | e the name, type of organization and frequency | y of use; attach additional | |
| NAME | | ТҮРЕ | FREQUENCY | |
| NAME | | ТҮРЕ | FREQUENCY | |
| the user/operator both file a cl 13. Has there been any change | aim for the Welfare Exemption. Contact | ruction commenced and/or completed on this | | |
| Yes No If YES, list | | nted from someone else? the type, make, model, and serial number of th ease state the other uses of the property <i>(attach</i> | | |
| Whom | should we contact during normal b | usiness hours for additional information | ? | |
| NAME | | TITLE | | |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | | | |
| | CERTIFI | CATION | | |
| I certify (or declare) under penal | ty of perjury under the laws of the State | of California that the foregoing and all informat | ion 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

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

