Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org  FOR ASSESSOR'S USE ONLY Received Approved Denied Reason for denial with the Assessor by February 15. Sign and return this form to the Assessor.  ASSESSOR'S PARCEL NUMBER
Received
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DATE PROPERTY WAS FIRST USED BY CLAIMA
d/or Personal property p, including any building in the course of construction? ng purposes necessarily and reasonably required for eligious activity, and which is not at other times used nue of which does not exceed the ordinary and necess rty used for parking purposes is eligible for exemption of 500 members.
are center includes licensed nursery schools, preschoo Exemption. If the property is both owned and operated by ndergarten purposes, school purposes of less than collegi s of less than collegiate grade, the claimant may qualify for Id be filed by February 15; contact the Assessor. The claim

EF-262-AH-R10-0519-57000469-2 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:

	this claim owned by the church?	No If NO, state the name and address	of 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 d ] No If YES, the property, or portion thereo	-	bers?
specifically provide that the rental payments, or a refund	erty tax exemption must inure to the churc church exemption is taken into account in f of such payments, if paid, for each month o axes not paid during such fiscal year by reas	fixing the terms of agreement, the church s f occupancy (or use), or portion thereof, dur	shall receive a reduction in ring the fiscal year equal to
	rated on this property? If YES, a claim for the property so used, to be exer		e Assessor by February 15
10. Is any portion of this prope	rty being used for living quarters for any per	son? If YES, describe that portion:  Yes	□ No
<b>Note:</b> Living quarters are r Exemption. Contact the Ass	not eligible for the Church or Religious Exe sessor.	emptions. Certain living quarters may be	exempt under the Welfare
11. Is any portion of this prope If YES, describe that portio	rty vacant and/or unused?		
	erty been rented to, leased to, or been used a 1 last year? □ Yes □ No	and/or operated by some person or organiza	tion other than the claimant
a. If property is leased to an CHURCH NAME	nother church, provide the name and mailing	g address:	
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
h If property is located to a	n organization other than a church, provide	the name, type of organization and fraguen	av of upper attach additional
sheets if necessary.	n organization other than a church, provide t		cy of use, allach additional
NAME		TYPE	FREQUENCY
NAME		TYPE	FREQUENCY
the user/operator both file a	ers (except for worship only) is not eligible fo claim for the Welfare Exemption. Contact th ge in the use of the property or any constru 1 last year?	ne Assessor. Iction commenced and/or completed on this	
🗌 Yes 🗌 No 🛛 If YES, lis	property at this location being leased or rent it the name and address of the owner and th ot used exclusively for religious worship, plea	e type, make, model, and serial number of	
Whor	n should we contact during normal bus	siness hours for additional information	n?
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	<b>.</b>	
	CERTIFIC	ATION	
	alty of perjury under the laws of the State of g statements or documents, is true, correct,		

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

