52-ah-r10-0519-32000266-1 30E-262-AH (P1) REV. 10 (05-19) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP		Cynthia L. Froggatt Plumas County Assessor 1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195
This claim is filed for fiscal year 20 20 Example: a person filing a timely claim in January 2011 would enter "2011-2012.")		CindieFroggatt@countyofplumas.com
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
Г	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim		
NAME OF CHURCH, ORGANIZATION, ETC.		
VEBSITE 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 CLAIN
Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and im Are all buildings and equipment claimed as exempt used solely Yes No		
3. Is the land claimed as exempt required for the convenient use o	f these buildings?	
Yes No		
I. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in rel commercial purposes?		
🗌 Yes 🔲 No		
<i>Commercial purposes</i> does not include the parking of vehicles of costs of operating and maintaining the property for parking purpoit the congregation of the church, religious congregation, or sect	oses. Leased propert	y used for parking purposes is eligible for exemption
5. List all uses of the property:		
b. a. Is an elementary school and/or secondary school being opera	ated at this location?	
b. Is a children's day care center being operated at this location	n (a children's day ca	re center includes licensed nursery schools, presch
and infant care centers)?		
Yes No 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 filing	/ school purposes, kin ate grade and schools g" provision and should	dergarten purposes, school purposes of less than colle of less than collegiate grade, the claimant may qualify f
may wish instead to annually file by February 15 for the Welfare Exe	emption.	

EF

EF-262-AH-R10-0519-32000266-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this cla OWNER NAME	im owned by the church? Yes	No If NO, state the name and address o	f owner:
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE	
	ngregation of the church, religious of	denomination, or sect greater than 500 memb of, so used is not eligible for exemption.	ers?
specifically provide that the church rental payments, or a refund of such	exemption is taken into account in payments, if paid, for each month o	ch; if the lease or rental agreement for any I fixing the terms of agreement, the church sh of occupancy (or use), or portion thereof, durir son of the Church Exemption. The assessor n	all receive a reduction in ing the fiscal year equal to
9. Are bingo games being operated of each year for the property, or portio		the Welfare Exemption must be filed with the empt. Yes No	Assessor by February 15
10. Is any portion of this property bein	g used for living quarters for any pe	erson? If YES, describe that portion:	No
Note: Living quarters are not elig Exemption. Contact the Assessor.	ble for the Church or Religious Ex	xemptions. Certain living quarters may be ex	cempt under the Welfare
11. Is any portion of this property vaca If YES, describe that portion:	nt and/or unused? 🗌 Yes 🗌 No		
12. Has any portion of this property be since 12:01 a.m., January 1 last ye		and/or operated by some person or organization	on other than the claimant
a. If property is leased to another of CHURCH NAME	hurch, provide the name and mailin	ng address:	
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE	
 b. If property is leased to an organ sheets if necessary. 	ization other than a church, provide	the name, type of organization and frequency	/ of use; attach additional
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a claim for 13. Has there been any change in the since 12:01 a.m., January 1 last ye	or the Welfare Exemption. Contact the use of the property or any constru- ear?	uction commenced and/or completed on this ibe:	
	me and address of the owner and th	ned from someone else? he type, make, model, and serial number of th ase state the other uses of the property (<i>attacl</i>	
Whom shou	ld we contact during normal bu	usiness hours for additional information	?
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	I	
<u>\</u> /	CERTIFIC	CATION	
I certify (or declare) under penalty of p	erjury under the laws of the State o	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 TITI -

SIGNATURE OF PERSON MAKING CLAIM	IIILE
NAME OF PERSON MAKING CLAIM	DATE

