BOE-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP		EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim must If you no longer seek an exemption at this location, check her 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 CLAIMAN
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 Yes No Is the land claimed as exempt required for the convenient use o Yes No	provements and for religious worship f these buildings?	including any building in the course of construction?
 4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in relicommercial purposes? Yes No <i>Commercial purposes</i> does not include the parking of vehicles of costs of operating and maintaining the property for parking purpoif the congregation of the church, religious congregation, or sect 5. List all uses of the property: 	igious worship or re or bicycles, the rever oses. Leased proper	ligious activity, and which is not at other times used t nue of which does not exceed the ordinary and necessa ty used for parking purposes is eligible for exemption or

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BOE-262-AH (P2) REV. 11 (05-22)		
7. Is the real property listed on this claim owned by the church?	No If NO, state the name and addres	s of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
8. Is leased property, if any, used by the church for parking purposes? Yes No If YES, is the congregation of the church, religious d Yes No If YES, the property, or portion thereo		nbers?
Note: The benefit of a property tax exemption must inure to the churc specifically provide that the church exemption is taken into account in f rental payments, or a refund of such payments, if paid, for each month o one-twelfth of the property taxes not paid during such fiscal year by reas lease or rental agreement.	ixing the terms of agreement, the church foccupancy (or use), or portion thereof, du	shall receive a reduction in iring the fiscal year equal to
Are bingo games being operated on this property? If YES, a claim for the each year for the property, or portion of the property so used, to be exer		ne Assessor by February 15
10. Is any portion of this property being used for living quarters for any per	son? If YES, describe that portion: 🗌 Ye	s 🗌 No
Note: Living quarters are not eligible for the Church or Religious Exemption. Contact the Assessor.	emptions. Certain living quarters may be	exempt under the Welfare
11. Is any portion of this property vacant and/or unused?		
12. Has any portion of this property been rented to, leased to, or been used a since 12:01 a.m., January 1 last year? Yes No	nd/or operated by some person or organiz	ation other than the claimant
a. If property is leased to another church, provide the name and mailing CHURCH NAME	address:	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
 If property is leased to an organization other than a church, provide sheets if necessary. 	he name, type of organization and freque	ncy of use; attach additional
NAME	TYPE	FREQUENCY
NAME	ТҮРЕ	FREQUENCY
 Has there been any change in the use of the property or any construsince 12:01 a.m., January 1 last year? ☐ Yes ☐ No If YES, described 		is property
 14. Is any equipment or other property at this location being leased or rent Yes No If YES, list the name and address of the owner and th 		f the property. If the property

Whom should we contact during normal business hours for additional information?

NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
	CERTIFICA	TION	
	erjury under the laws of the State of C ents or documents, is true, correct, ar		nd all information hereon, including any knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM		1	DATE

