0356-1 9-19) DN ELY FOR RELIGIOUS WORSHIP	BUAL COUL	Robert Menvielle Imperial County Assessor 940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org
cal year 20 20 a timely claim in January 2011 would		Webbild, assesser imperiated iny org
ADDRESS actions to the printed name and mailing address)		
		FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
ive the full exemption, this claim mu	_ ust be filed with	n the Assessor by February 15.
u no longer seek an exemption at th		gn and return this form to the Assessor.
IZATION, ETC.		
R AND STREET/P. O. BOX)		
UMBER AND STREET)		ASSESSOR'S PARCEL NUMBER
		DATE PROPERTY WAS FIRST USED BY CLAIM
exempt required for the convenient use of the ed by the church upon which exemption is c s of persons attending or engaged in religion does not include the parking of vehicles or bi	vements and/or eligious worship, ind ese buildings? laimed for parking p us worship or religion cycles, the revenue s. Leased property u	purposes necessarily and reasonably required for jour activity, and which is not at other times used e of which does not exceed the ordinary and neces used for parking purposes is eligible for exemption
nool and/or secondary school being operated	at this location?	
	children's day care	e center includes licensed nursery schools, presch
ers)?		
gious worship, preschool purposes, nursery sch r for the purposes of both schools of collegiate g ne Religious Exemption has a "one-time filing" pr nually file by February 15 for the Welfare Exempt	nool purposes, kinder rade and schools of l rovision and should b tion.	emption. If the property is both owned and operated b ergarten purposes, school purposes of less than colle less than collegiate grade, the claimant may qualify for be filed by February 15; contact the Assessor. The clai
gious worship, preschool purposes, nursery sch r for the purposes of both schools of collegiate g ne Religious Exemption has a "one-time filing" pr	nool purposes, kinde rade and schools of rovision and should b tion.	k

EF-262-AH-R10-0519-13000356-2 BOE-262-AH (P2) REV. 10 (05-19)

7 Is the real property listed a 41- 1-. __ ... 16 1 10 . . .

	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		denomination, or sect greater than 500 memb eof, so used is not eligible for exemption.	ers?
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 no Exemption. Contact the Asset		exemptions. Certain living quarters may be executed as the executed of the second se	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 NAME OF PERSON MAKING CLAIM DATE

