

**SHERI THOMAS, COUNTY ASSESSOR**

701 Ocean St., Rm. 130  
Santa Cruz, California 95060  
(831) 454-2002  
www.santacruzcountyca.gov/asr

**PROPERTY USE REPORT**

*This is a supplemental form to be used in conjunction with an exemption claim form. It is not sufficient, by itself, to claim an exemption. It is required for reporting any users, other than the claimant organization. **Welfare Exemption claimants cannot use this form. You must instead use form BOE-267-O.***

**If the claimant organization was NOT the only user of this property since January 1 of the prior year, you must complete this form. If the property was used exclusively by your organization since January 1 of the prior year, you do not need to complete the Property Use Report.**

NAME OF CLAIMING ORGANIZATION: \_\_\_\_\_

ASSESSOR'S PARCEL NO: \_\_\_\_\_

Name(s) of person(s) or organization using the property since January 1 of prior year.	Size of area used.	Types of activities (e.g., meetings, training, fundraisers, etc.)	Number of days property was used since January 1 of prior year.	Was property used more than one time during a week?	Fee paid for the use of the property.
1.					
2.					
3.					
4.					

(Please list additional users on reverse)

*I certify under penalty of perjury under the laws of the State of California that all information hereon is true, correct, and complete to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of Person Making Claim

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Person Making Claim

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

Name(s) of person(s) or organization using the property since January 1 of prior year.	Size of area used.	Types of activities (e.g., meetings, training, fundraisers, etc.)	Number of days property was used since January 1 of prior year.	Was property used more than one time during a week?	Fee paid for the use of the property.
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_