

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 not a claim form. Filing a Property Use Report alone will not make a property eligible for exemption. Property Use Reports should be filed along with any other form(s) necessary to make eligible for exemption.

If you're claiming 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. | | | | | |
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| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |

Additional Comments: _____
