7-269-FIR-R02-0308-04000197-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	Butte Court	(***)****	
		Email: assessorsoffice@bu	,
SUPPLEMENTAL ASSESSMENT Information for Property No	Year:	Website: www.buttecounty	.net/assessor
Address of <i>this</i> property			
Owner only Operator only Owner-O	Operator Date of last in	<i>et, city, zip code)</i> spection of property	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2. o			
B. Use of property			
1. The primary activity the property is used	d for is: (check only one)		
b. commercial     c. educational	e. fraternal and lodge meet f. fund raising g. hospital h. housing	ings i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property is used for	are: a. List letters used in I	31	
<ol> <li>All or part (write in all or part where app b. vacant or unused</li> </ol>	c. in excess of that re		d. used to
house personnel whose presence is not C. <b>Operation of property for benefit of pe</b> 1. In your opinion are services and expense	ersons		Yes No
If answer is <b>yes</b> , explain:			Yes 🗌 No
<ol> <li>In your opinion do operations enhance a If answer is yes, explain:</li> </ol>	nyone's private gain?		
<ol> <li>In your opinion is the claimant's propose If answer is no, explain:</li> </ol>	d new cap <mark>ita</mark> l investm <mark>en</mark> t, if a	any, necessary?	🗌 Yes 🗌 No
D. Ownership of real property (as of applicab If answer is no, explain:	le lien date) is recorded in e	xact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption claim?	🗌 Yes 🗌 No
<ul> <li>E. Supplemental Assessment (in claimant's n</li> <li>1. Date of change in ownership</li> <li>Ownership in name of claimant?</li> </ul>		Recorded	🗌 Yes 🗌 No
2. Date of completion of new construction			
Explain what was constructed — 3. Date put to exempt use		If only a portion of the pr	
exempt use, describe exempt and nonex			
4. Notice: date mailed			
<ol> <li>Date claim for exemption from Suppleme</li> <li>Date first installment of supplemental tax</li> </ol>			
F. A claim for veterans' organization exempt			
1. was filed last year $\Box$ Yes $\Box$ No			
3. was not filed last year, but claimed on an	•		
G. Recommendation: 1. Approval		(give complete address including zij	o code) (all)
Reason for denial (if partial denial, identify sp	. ,		
Date	Inspection for		

