| GregoLarA ASSESSMENT      Information for Property No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                        | -                             | Contraction of the second | 825 Fifth<br>Eureka, C | dt County As               | sessor     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-------------------------------|---------------------------|------------------------|----------------------------|------------|
| Name of organization         Address of this property         Dwner only       Operator only       Owner-Operator       Date of last inspection of property         If daimant is owner, name of owner is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SUPPLEMENT                        | AL ASSESSMENT                          |                               | W INC IN                  |                        |                            |            |
| Address of this property       Image: All case of the property       Image: All case of the property         If claimant is owner, name of operator is       If claimant is owner, name of operator is         A. Claimant is primarly:<br>(check only one)       1. charitable       2. other (explain)         B. Use of property       In the primary activity the property is used for is: (check only one)       Image: I |                                   |                                        |                               |                           |                        |                            |            |
| □ Owner only       □ Ovner-Operator       Date of last inspection of property         If claimant is operator, name of owner is       If claimant is primarity:       [check only one]       1. charitable       2. other (explain)         B. Use of property       1. then triable       2. other (explain)       [] is recreational       [] is recreational         □ b. commercial       □ f. if fund raising       □ is recreational       [] is recreational         □ d. farming       □ h. tousing       □ is information       [] is recreational         □ d. farming       □ h. tousing       □ is information       [] is recreational         □ d. farming       □ h. tousing       □ is informational       [] is recreational         □ d. farming       □ h. tousing       □ is informational       [] is recreational         □ d. farming       □ h. tousing       □ is informational       [] is recreational         □ d. farming       □ h. tousing       □ is informational       [] is informational         b. Other(explain)       3. All or part (write an all or part explicitable) of the property is: a leased or rented       [] b. vacant or unused       [] en excess of that freasonably necessary       [] d. used to house presente is not institutionally necessary       [] en excessary?       [] es No         ft answer is yee, explain       [] in your opinion is the plaimant's proposed new c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of organizat                 | tion                                   |                               |                           |                        |                            |            |
| If claimant is operator, name of owner is         If claimant is operator, name of owner is         Claimant is primarily:         (check only one)       1. the primary activity the property is used for is: (check only one)         1. The primary activity the property is used for is: (check only one)         1. a. administration       e.f. fratemal and todge meetings         i. c. educational       g. hospital         i. d. farming       i. f. fund raising.         i. d. farming       i. h. housing         i. d. farming       i. h. housing         i. d. farming       i. h. housing         i. d. farming       i. h. busing         i. d. farming       i. h. housing         i. d. farming       i. h. busing         i. d. other (explain)       3. All or part (write if all or part where applicable) of the property is: a. leased or rented         b. vacant or nunsed       c. i. excoss of that reasonably necessary         c. In your opinion are services and expenses excessive?       Yes         ff answer is yes, explain       Yes         1. In your opinion is the claimant's proposed new capital investment, if env, necessary?       Yes         ff answer is no, explain:       Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes         D. Ownership in name of claimant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address of <i>this</i> pr         | operty                                 |                               | (street,                  | city, zip code)        |                            |            |
| If claimant is operator, name of owner is         A Claimant is primarily:<br>(check only one)       1. charitable       2. other (explain)         B. Use of property         1. The primary activity the property is used for is: (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Owner only                        | Operator only                          | Owner-Operator                | Date of last insp         | ection of property     |                            |            |
| A. Claimant is primarily:       (check only one)       1, charitable       2. other (explain)         B. Use of property       1. The primary activity the property is used for is: (check only one)       1. The primary activity the property is used for is: (check only one)       1. The primary activity the property is used for is: (check only one)         C. administration       9. fratemal and lodge meetings       1. The medical (not hospital)         D. commercial       9. fratemal and lodge meetings       1. The medical (not hospital)         D. commercial       9. fratemal and lodge meetings       1. The medical (not hospital)         D. commercial       9. fratemal and lodge meetings       1. The medical (not hospital)         D. commercial       9. fratemal and lodge meetings       1. The medical (not hospital)         D. commercial       9. housing       1. In your opinol and setwhere applicable) of the property is: a leased or printed       0. used to nouse the property of the property is: a leased or printed         D. vacant or unused       0. In excess of that reasonably necessary       d. used to nouse prisonne whose presende is not institutionally necessary?       Yes       No         If answer is yes, explain:       1. In your opinion are set/locks and repenses excessive?       Yes       No         If answer is yes, explain:       2. In your opinion is the blaimant's proposed new capital investment, theny, necessary?       Yes       No <t< td=""><td>If claimant is owner</td><td>, name of operator is</td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                              | If claimant is owner              | , name of operator is                  |                               |                           |                        |                            |            |
| check only one)       1. charitable       2. other (explain)         B. Use of property         1. The primary activity the property is used for is: (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If claimant is operat             | or, name of owner is                   |                               |                           |                        |                            |            |
| 1. The primary activity the property is used for is: (check only one)         a. administration       if fund raising.         b. commercial       if fund raising.         c. educational       if g. hospital         c. other (explain)       if not raising.         2. Other activities the property is used for are:       a. List letters used in B1         b. Other(explain)       a. List letters used in B1         b. Other(explain)       c. In excess of that teasonably necessary         c. Operation of property for benefit of persons         l. In your opinion are services and expenses excessive?         ff answer is yee, explain:         2. In your opinion are deplicable lien date) is recorded in exact name of claimant         j. In your opinion do operations enhance anyone's private gain?         ff answer is yee, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         j. In your opinion do operations enhance anyone's private gain?         ff answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant?         j. Date o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                        | 2. other <i>(explain)</i>     |                           |                        |                            |            |
| a. administration       e. fratemal and lodge meetings       the medical (not hospital)         b. commercial       frating       ; recreational         c. ducational       g. hospital       ; recreational         c. ducational       g. hospital       ; recreational         c. ducational       g. hospital       ; recreational         m. other (explain)       in n. housing       in informational         b. Vicen activities the property is used for are:       a. List letters used in B1         b. Vacant or unused       of nexcess of that reasonably necessary         C. Operation of property for benefit of persons       in souro opinion are services and expenses excessive?         1. In your opinion do operations enhance anyonels private gain?       Yes         1. moy our opinion is the failmant's proposed new capital investment, if any, necessary?       Yes       No         If answer is yee, explain:       Did owner file an exemption claim?       Yes       No         If answer is noe, explain:       Did owner file an exemption claim?       Yes       No         If answer is noe, explain:       Did owner file an exemption claim?       Yes       No         If answer is noe, explain:       Did owner file an exemption claim?       Yes       No         0. Ownership of real property (as of applicable lien date) is recorded in exact name of cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                        |                               |                           |                        |                            |            |
| b. commercial       if fund raising       i, recreational         c. educational       i, baspital       i. housing         m. other (explain)       i. housing       i. informational         b. commercial       i. baspital       i. informational         m. other (explain)       i. List letters used in B1       i. informational         b. Other activities the property is used for are:       a. List letters used in B1       .         b. vacant or unused       c. In excess of that reasonably necessary       .         c. Operation of property for benefit of persons       .       .         1. In your opinion are services and expenses excessive?       Yes       No         If answer is yee, explain:       .       Yes       No         1. In your opinion do operations enhance anyonels private gain?       Yes       No         If answer is yee, explain:       .       Yes       No         1. In your opinion do capations enhance anyonels private gain?       Yes       No         If answer is no, explain:       .       Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         D. Mour opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:       .       Did ow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. The primar                     | y activity the property                |                               |                           |                        | _                          | _          |
| b. Other(explain)         3. All or part (write in all or part where applicable) of the property is: a. leased or rented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ b. con<br>☐ c. edu<br>☐ d. farm | nmercial<br>Icational<br>ning          | f. fund raisin<br>g. hospital |                           | j. re                  | creational<br>habilitation | pital)     |
| 3. All or part (write in all or part where applicable) of the property is: a. leased or rented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Other acti                     | <b>vities</b> the property is ι        | used for are: a. List le      | etters used in B1         |                        |                            |            |
| b. vacant or unused       c. in excess of that reasonably necessary         c. Operation of property for benefit of persons         1. In your opinion are services and expenses excessive?         if answer is yes, explain:         2. In your opinion are services and expenses excessive?         if answer is yes, explain:         3. In your opinion is the daimant's proposed new capital investment, if any, necessary?         c. mover sity or eal property (as of applicable lien date) is recorded in exact name of claimant         c. mover sity or eal property (as of applicable lien date) is recorded in exact name of claimant         c. mover ship of real property (as of applicable lien date) is recorded in exact name of claimant         c. Date of change in ownership         0. Ownership in name of claimant?         1. Date of change in ownership         0. Bate pit to exempt use         exempt use, describe exempt and nonexempt portions in detail         4. Notice: date mailed         5. Date claim for exemption from Supplemental Assessment was filed with Assessor         6. Date first installment of supplemental tax bill becomes (became) delinquent         F. Aclaim for exemption from Supplemental tax bill becomes (became) delinquent         F. Aclaim for exemption form Supplemental Assessment was filed with Assessor         6. Date first installment of supplemental tax bill becomes (became) delinquent         F. Aclaim for exemption form                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                        |                               |                           |                        |                            | -          |
| house personnel whose presence is not institutionally pecessary         C. Operation of property for benefit of persons         1. In your opinion are services and expenses excessive?         if answer is yes, explain:         2. In your opinion do operations enhance anyone's private gain?         if answer is yes, explain:         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?         if answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         if answer is no, explain:         Did owner file an exemption claim?         Yes         No         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         Ownership in name of claimant?         2. Date of completion of new construction         Explain what was constructed         3. Date put to exempt use         If only a portion of the property is put to an exempt use, describe exempt anonexempt portions in detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                        |                               |                           |                        |                            |            |
| C. Operation of property for benefit of persons         1. In your opinion are services and expenses excessive?         If answer is yes, explain:         2. In your opinion do operations enhance anyone's private gain?         If answer is yes, explain         3. In your opinion is the daimant's proposed new capital investment, if any, necessary?         If answer is no, explain:         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant         If answer is no, explain:         Did owner file an exemption claim?         Yes         No         If answer is no, explain:         Did owner file an exemption claim?         Yes       No         If answer is no, explain:         Did owner file an exemption claim?         Yes       No         Ownership in name of claimant?         Date of change in ownership         Recorded         Yes         No ownership in name of claimant?         Recorded         Yes         No the exempt use         Explain what was constructed         3. Date put to exempt use         Bate of completion of new construction         Explain what was constructed         So the torie readmental tax bill becomes (became) delinquent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                        |                               |                           | sonably necessary      |                            | d. used to |
| 1. In your opinion are services and expenses excessive?       Yes       No         If answer is yes, explain:       Yes       No         2. In your opinion is the daimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is yes, explain:       Yes       No         3. In your opinion is the daimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:       Downership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         If answer is no, explain:       Did owner file an exemption claim?       Yes       No         0. Supplemental Assessment (in claimant's name):       Recorded       Yes       No         0. Ownership in name of claimant?       Recorded       Yes       No         2. Date of completion of new construction       Recorded       Yes       No         3. Date put to exempt use       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail       Not maile         4. Notice: date mailed       Date taim for exemption from Supplemental Assessment was filed with As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                        |                               | necessary                 |                        |                            |            |
| 2. In your opinion do operations enhance anyone's private gain?       I answer is yes, explain:         3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes         D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant       Yes         No       If answer is no, explain:       Did owner file an exemption claim?         Version       Did owner file an exemption claim?       Yes         No       Did owner file an exemption claim?       Yes         No       Ownership in name of claimant?       Recorded       Yes         2. Date of completion of new construction       Explain what was constructed       Recorded       Yes       No         3. Date put to exempt use       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail       If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed with Assessor       In Not maile         5. Date claim for exemption from Supplemental tax bill becomes (became) delinquent       If only a portion of the property is put to an exempt use, dust is tailment of supplemental tax bill becomes (became) delinquent       If only a solid liast year, but claimed on another property located at       (give complete address including zip code)         6. Recommendation: </td <td>1. In your opi</td> <td>nion are services and</td> <td>expenses excessive?</td> <td></td> <td></td> <td></td> <td>🗌 Yes 🗌 No</td>                                                                                                                                                                                                                           | 1. In your opi                    | nion are services and                  | expenses excessive?           |                           |                        |                            | 🗌 Yes 🗌 No |
| 3. In your opinion is the claimant's proposed new capital investment, if any, necessary?       Yes       No         If answer is no, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. In your opi                    | nion do operations enl                 | nance anyone's privat         | e gain?                   |                        |                            | Yes No     |
| b. Supplemental Assessment (in claimant's name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. In your opi                    | nion is the <mark>cla</mark> imant's p |                               | investment, if an         | y, necessary?          |                            | 🗌 Yes 🗌 No |
| E.       Supplemental Assessment (in claimant's name):         1.       Date of change in ownership         2.       Date of completion of new construction         Explain what was constructed       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail         4.       Notice: date mailed         5.       Date first installment of supplemental Assessment was filed with Assessor         6.       Date first installment of supplemental tax bill becomes (became) delinquent         7.       A claim for veterans' organization exemption on this property:         1.       was not filed last year.         9.       No         9.       Recormendation:         1.       Approval         (all)       (all)         (part)       (all)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                        | applicable lien date) is      | s recorded in exa         | ect name of claimant   |                            | 🗌 Yes 🗌 No |
| 1. Date of change in ownership       Recorded       Yes       No         Ownership in name of claimant?       Performance       Recorded       Yes       No         2. Date of completion of new construction       Explain what was constructed       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail       If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail         4. Notice: date mailed       If only a portion of the property is put to an exemption from Supplemental Assessment was filed with Assessor       Not maile         5. Date claim for exemption from Supplemental Assessment was filed with Assessor       Not maile       Not maile         6. Date first installment of supplemental tax bill becomes (became) delinquent       Image: Complete address including zip code       Image: Code         7. A claim for veterans' organization exemption on this property:       Not       Recommendation:       Image: Code       Image: Code         8. was not filed last year, but claimed on another property located at       (give complete address including zip code)       Image: Code                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | , I                                    |                               |                           | Did owner file an exe  | mption claim?              | 🗌 Yes 🗌 No |
| Ownership in name of claimant?   2. Date of completion of new construction   Explain what was constructed   3. Date put to exempt use   a. Notice: date mailed   4. Notice: date mailed   5. Date claim for exemption from Supplemental Assessment was filed with Assessor   6. Date first installment of supplemental tax bill becomes (became) delinquent   F. A claim for veterans' organization exemption on this property:   1. was filed last year   Yes   No   3. was not filed last year, but claimed on another property located at   (all)   Reason for denial (if partial denial, identify specific area to be denied)   Date   Date   Inspection for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | •                                      |                               |                           |                        |                            |            |
| <ul> <li>2. Date of completion of new construction Explain what was constructed</li> <li>3. Date put to exempt use</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | -                                      |                               |                           |                        | Recorded                   | ∐ Yes ∐ No |
| <ul> <li>3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail</li> <li>4. Notice: date mailed Not maile</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>F. A claim for veterans' organization exemption on <i>this</i> property: <ol> <li>was filed last year</li> <li>Yes</li> </ol> </li> <li>6. Recommendation: 1. Approval</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Date of cor                    | mpletion of new constr                 | ruction                       |                           |                        |                            |            |
| <ul> <li>4. Notice: date mailed In Not maile</li> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>F. A claim for veterans' organization exemption on this property: <ol> <li>was filed last year</li> <li>Yes</li> <li>No</li> <li>snew this year</li> <li>Yes</li> <li>No</li> </ol> </li> <li>6. Recommendation: 1. Approval</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ol><li>Date put to</li></ol>     | exempt use                             |                               |                           |                        |                            |            |
| <ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | -                                      |                               |                           |                        |                            |            |
| <ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                        |                               |                           |                        |                            |            |
| F. A claim for veterans' organization exemption on this property:         1. was filed last year       Yes         No       2. is new this year         Yes       No         3. was not filed last year, but claimed on another property located at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                        |                               |                           |                        |                            |            |
| 1. was filed last year       Yes       No       2. is new this year       Yes       No         3. was not filed last year, but claimed on another property located at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                        |                               |                           |                        |                            |            |
| 3. was not filed last year, but claimed on another property located at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | -                                      |                               |                           | No                     |                            |            |
| G. Recommendation: 1. Approval (all) 2. Denial (part) (all) (all)(all)(all)(all)(all)(all)(all)(all)(all)(all)(all)(all)(all)(all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. was not file                   | ed last year, but claime               | ed on another property        | located at                |                        |                            |            |
| Reason for denial (if partial denial, identify specific area to be denied)    Date, Assessed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | -                                      |                               |                           | (give complete         |                            |            |
| Date, Assess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                        |                               | be denied)                |                        |                            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date                              |                                        | Inspe                         |                           |                        |                            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                        |                               |                           |                        |                            |            |

