EF-269-FIR-R02-0308-14000229-1 30E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMI ASSESSOR'S FIELD INSPECTION RE		Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us
REGULAR ASSESSMENT		
SUPPLEMENTAL ASSESSMENT	Yoor	
	Year:	
	(street, city,	zip code) on of property
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
	2. other <i>(explain)</i>	
B. Use of property		
 The primary activity the property a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	y is used for is: (<i>check only one</i>) e. fraternal and lodge meetings f. fund raising g. hospital h. housing	 i. medical (not hospital) j. recreational k. rehabilitation l. informational
	ere applicable) of the property is: a. leas c. in excess of that reasona e is not institutionally necessary	
 C. Operation of property for bene 1. In your opinion are services and 	expenses excessive?	Yes No
If answer is yes , explain: 2. In your opinion do operations ent		Yes No
If answer is yes , explain:		
	applicable lien date) is recorded in exact r	name of claimant
If answer is no , explain:		
E. Supplemental Assessment (in clair		d owner file an exemption claim? \Box Yes \Box No
Date of change in ownership Ownership in name of claimant?		Recorded Ses No
2. Date of completion of new constr	ruction	
Explain what was constructed — 3. Date put to exempt use		If only a portion of the property is put to ar
	d nonexempt portions in detail	
	upplemental Appendment was filed with As	Not maile
		it
F. A claim for veterans' organization		
-	No 2. is new this year \Box Yes \Box N	No
	ed on another property located at	
		(give complete address including zip code)
G. Recommendation: 1. Approval	2. I	Denial (part) (all)
Reason for denial (if partial denial, io	lentify specific area to be denied)	
 Date		, Assess
	-	, Design

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County of Inyo

