EF-269-FIR-R02-0308-20000112-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

	EGULAR ASSESSMENT				naderacounty.com/go	overnment/assessor
	JPPLEMENTAL ASSESSMENT ation for Property No	Year [.]				
	of organization					
Addres	ss of <i>this</i> property					
	ner only Operator only	Owner-Operator	(street, of	ction of property		
	nant is owner, name of operator is					
	·					
	nant is operator, name of owner is aimant is primarily:					
(ch	neck only one) 🗓 1. charitable	☐ 2. other (explain)				
	se of property					
1.	The primary activity the propert			_	_	_
	□ a. administration □ b. commercial □ c. educational □ d. farming	e. fraternal a f. fund raisi g. hospital h. housing	and lodge meeting	☐ j.	medical (not hosp recreational rehabilitation informational	<mark>pi</mark> tal)
	m. other (explain)					
2.	Other activities the property is	used for are: a. List	letters used in B1.			
	b. Other(explain)					
3.	b. vacant or unused house personnel whose presence	c. in e	excess of that reason			d. used to
C. 1.	,	expenses excessive?				☐ Yes ☐ No
2	If answer is yes , explain: In your opinion do operations en		to gain?			▼ □ Yes □ No
۷.		nance anyone's priva	ite gain?			☐ fes ☐ No
3.	In your opinion is the claimant's If answer is no , explain:		investment, if any	, necessary?		☐ Yes ☐ No
D 04	vnership of real property (as of	applicable lien date)	io recorded in ever	at name of claimar		☐ Yes ☐ No
	answer is no , explain:			A Hame of Claimar	IL	□ 103 □ 140
II a	answer is 110, explain.			Did owner file an e	exemption claim?	☐ Yes ☐ No
E. Su	pplemental Assessment (in clair	mant's n <mark>am</mark> e):		Did owner life and	sxemption daim.	_ 100 _ 110
1.	Date of change in ownership				Recorded	☐ Yes ☐ No
2.	Ownership in name of claimant? Date of completion of new consti					
	Explain what was constructed —					
3.	Date put to exempt use			•	a portion of the pro	operty is put to an
	exempt use, describe exempt an					
	Notice: date mailed					
	Date claim for exemption from S					
	Date first installment of supplement			ent		
	claim for veterans' organization		· ·	7		
	was filed last year Yes					
3.	was not filed last year, but claime	ed on another propert	ty located at	(give comp	olete address including zip	
	commendation: 1. Approval					
	ason for denial (if partial denial, id	• •				(all)
Da	te	Insp				, Assesso
			Bv			. Designe