-269-FIR-R02-0308-21000157-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIO ASSESSOR'S FIELD INSPECTION REPO	A CALL AND A	Shelly Scott Assessor-Recorder- County of Marin CHANGE IN OWNERSHIP P.O. Box C San Rafael, CA 94913	-
REGULAR ASSESSMENT	N.	Phone: (415) 473-7231 Fax: (415) 473-6255	
Information for Property No.		www.marincounty.gov	
Name of organization			
Address of <i>this</i> property	(stre	et, city, zip code)	
□ Owner only □ Operator only □ Own	ner-Operator Date of last in:	spection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
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)		
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>e. fraternal and lodge meet</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	ings ings i. medical (not hos i. recreational k. rehabilitation i. informational	pital)
2. Other activities the property is used	d for are: a. List letters used in I	31	
b. Other <i>(explain)</i>			
3. All or part (write in all or part where			
b. vacant or unused		easonably necessary	d. used to
house personnel whose presence is			
<ul> <li>C. Operation of property for benefit of</li> <li>1. In your opinion are services and exp</li> </ul>	enses excessive?		Yes 🗌 N
If answer is <b>yes</b> , explain:			
2. In your opinion do operations enhance	ce anyone's private gain?		∐ Yes ∐ N
<ul> <li>If answer is <b>yes</b>, explain:</li> <li>3. In your opinion is the claimant's prop If answer is <b>no</b>, explain:</li> </ul>	oosed new capital investment, if a	any, necessary?	Yes N
D. Ownership of real property (as of appl If answer is no, explain:	licable lien date) is recorded in e	xact name of claimant	🗌 Yes 🗌 N
		Did owner file an exemption claim?	🗌 Yes 🗌 N
E. Supplemental Assessment (in claiman	it's name):		
1. Date of change in ownership		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? —			
2. Date of completion of new constructi			
Explain what was constructed —			
3. Date put to exempt use		If only a portion of the pr	
4. Notice: date mailed			
		vith Assessor	
6. Date first installment of supplementa			
F. A claim for veterans' organization exe			
1. was filed last year  Yes  No			
	n another property located at	(give complete address including zij	p code)
3. was not filed last year, but claimed o			
	(all)	2. Denial	(all)
<ol> <li>was not filed last year, but claimed o</li> <li>G. Recommendation: 1. Approval</li> </ol>	(all) ify specific area to be denied)	2. Denial	(all)

