E-269- VE1	FIR-R02-0308-21000031-1 FIR REV. 02 (03-08) FRANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	MARIN	Shelly Scott Assessor-Recorder- County of Marin CHANGE IN OWNERSHIP P.O. Box C San Rafael, CA 94913	-
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		Phone: (415) 473-7231 Fax: (415) 473-6255	
	mation for Property No.		www.marincounty.gov	
Nan	ne of organization			
Add	ress of <i>this</i> property	(street	f, city, zip code)	
	Owner only 🗌 Operator only 🗌 Owner-Op	erator Date of last insp	pection of property	
lf cla	aimant is owner, name of operator is			
If cla	imant is operator, name of owner is			
	Claimant is primarily: (check only one)	er (explain)		
В.	Use of property			
	1. The primary activity the property is used for	or is: (check only one)		
	b. commercial     f.       c. educational     g.	fraternal and lodge meetin fund raising hospital housing	i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
	2. Other activities the property is used for an	e: a. List letters used in B	1	
	b. Other(explain)			
	<ol><li>All or part (write in all or part where application</li></ol>			
	b. vacant or unused		asonably necessary	d. used to
	house personnel whose presence is not ins			
	<ol> <li>Operation of property for benefit of pers</li> <li>In your opinion are services and expenses</li> </ol>			Yes 🗌 N
	If answer is <b>yes</b> , explain:			
	2. In your opinion do operations enhance any	one's private gain?		Yes 🗌 N
	If answer is <b>yes</b> , explain: 3. In your opinion is the claimant's proposed r If answer is <b>no</b> , explain:	new capital investment, if ar	ny, necessary?	□ Yes □ N
	<b>Ownership of real property</b> (as of applicable f answer is <b>no</b> , explain:	lien date) is recorded in ex	act name of claimant	🗌 Yes 🗌 N
			Did owner file an exemption claim?	🗌 Yes 🗌 N
E. \$	Supplemental Assessment (in claimant's n <mark>an</mark>	ne):		
	<ol> <li>Date of change in ownership</li> </ol>		Recorded	🗌 Yes 🗌 N
	Ownership in name of claimant?			
2	<ol> <li>Date of completion of new construction</li> </ol>			
	Explain what was constructed			
	3. Date put to exempt use		If only a portion of the pr	
	exempt use, describe exempt and nonexer			
4	4. Notice: date mailed			
	5. Date claim for exemption from Supplement			
	6. Date first installment of supplemental tax b		quent	
	A claim for veterans' organization exemption on <i>this</i> property:			
	1. was filed last year $\Box$ Yes $\Box$ No 2.			
	3. was not filed last year, but claimed on anot	her property located at	(aive complete address including zir	code)
G. I	Recommendation: 1. Approval	(all)	2. Denial (part)	(all)
I	Reason for denial (if partial denial, identify spe	cific area to be denied)		
	Date	Inspection for		, Assess

