EF-269-FIR-R02-0308-23000325-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315

Fax: (707) 463-6597

Information for Property No. Year: Name of organization		REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		1 43 (101) 100 0001	
Address of this property	Info	ormation for Property No.	Year:		
Address of this property	Na	me of organization			
Owner only Operator only Owner-Operator Date of last inspection of property	Ad	dress of <i>this</i> property	/	and sittle sin and a	
If claimant is owner, name of operator is If claimant so operator, name of owner is A. Claimant is primarity: (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 \Box Operator only \Box	Owner-Operator Date of last in	nspection of property	
If claimant is operator, name of owner is A. Claimant is primary: (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)					
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)		·			
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) a. administration a fraternal and lodge meetings i. medical (not hospital) b. commercial f. fund raising i. recreational j. recreational c. educational g. hospital k. rehabilitation d. farming h. h. tousing l. informational b. Other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other(explain) 3. All or part (write in all or part where sipplicable) of the property is: a. leased or rented b. vacant or unused d. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for bonefit of persons 1. in your opinion are services and expenses excessive? yes No If answer is yes, explain: 2. In your opinion to operations enhance anyone's private gain? yes No If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? yes No If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant yes No If answer is no, explain: E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? yes No Ownership in name of claimant? D. Date of change in ownership Recorded yes No Ownership in name of claimant? D. Date of completion of new construction Explain what was constructed S. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent			2. other (explain)		
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d. farming		☐ b. commercial	☐ f, fund raising	j. recreational	
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If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary?					
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?					Yes No
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 yes , explain:			
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3. was not filed last year, but claimed on another property located at		_		□ No	
G. Recommendation: 1. Approval 2. Denial					
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Date, Assessor		Recommendation: 1. Approval	(all)	2. Denial	(all)
Date, Assessor		Reason for denial (if partial denial, id			
·		Date			



EF-269-FIR-R02-0308-2300032