30E-269 VE	9-FIR-R02-0308-24000092-1 9-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEM SESSOR'S FIELD INSPECTION RI		2222 M STR MERCED, 0	CA 95340 IE (209) 385-7631
	REGULAR ASSESSMENT			rced.ca.us\assessor
	SUPPLEMENTAL ASSESSMENT prmation for Property No	Year		
	me of organization			
Ad	dress of <i>this</i> property			
	ddress of <i>this</i> property			
	laimant is owner, name of operator is			
	laimant is operator, name of owner is			
	Claimant is primarily:			
73.	( <i>check only one</i> ) 1. charitable	2. other <i>(explain)</i>		
В.	Use of property			
	1. The primary activity the proper	ty 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</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	j. rec k. reh i. info	dical (not hospital) reational abilitation ormational
	2. Other activities the property is			
	<ol> <li>All or part (write in all or part w. b. vacant or unused</li> </ol>	<i>here applicable)</i> of the property in the comparison of the compar	is: a. leased or rented nat reasonably necessary	d. used to
	<ul><li>C. Operation of property for ben</li><li>1. In your opinion are services and</li></ul>	efit of persons d expenses excessive?		Yes No
	If answer is <b>yes</b> , explain:			
	<ol> <li>In your opinion do operations er If answer is yes, explain:</li> </ol>			
	<ol> <li>In your opinion is the claimant's If answer is no, explain:</li> </ol>		nt, if any, necessary?	🗌 Yes 🗌 No
D.	Ownership of real property (as of If answer is no, explain:			
Г	Supplemental Accessment (in also	imant'a nama):	Did owner file an exen	nption claim?   Yes  No
E.	<ol> <li>Supplemental Assessment (in cla</li> <li>Date of change in ownership</li> <li>Ownership in name of claimant?</li> </ol>			Recorded Yes No
	2. Date of completion of new const			
	Explain what was constructed –			
	3. Date put to exempt use		If only a po	rtion of the property is put to an
	exempt use, describe exempt a	nd nonexempt portions in detail.		
	4. Notice: date mailed			
	5. Date claim for exemption from S			
F	6. Date first installment of supplem <b>A claim for veterans' organization</b>		) delinquent	
F.	-			
	1. was filed last year Yes			
	3. was not filed last year, but claim			ddress including zip code)
G.	Recommendation: 1. Approval	(all)	2. Denial	t) (all)
	Reason for denial (if partial denial, i			
	Date	Inspection for		, Assessor
				, Nesseesi
		- ,		,

RC

MERCED COUNTY

