EF-269-FIR-R02-0308-26000224-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

	PLEMENTAL ASSESSMENT	Voor	Website: www.monoco	ounty.ca.gov/assessor
		Year:		
Name of	organization			
Address	of this property	(s	street, city, zip code)	
☐ Owne	er only \square Operator only \square	Owner-Operator Date of last i	inspection of property	
If claimar	nt is owner, name of operator is			
If claimar	nt is operator, name of owner is			
A. Clain	nant is primarily:			
(che	ck only one) 🔲 1. charitable	2. other (explain)		
B. Use	of property			
1. TI	ne primary activity the property	y is used for is: (check only one)		
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge med f. fund raising g. hospital h. housing	j. recreational k. rehabilitation l. informational	4
			n B1	
3. A b h C. C	All or part (write in all or part who wacant or unused ouse personnel whose presence operation of property for benefit your opinion are services and	expenses excessive?	reasonably necessary	d. used to
	answer is yes , explain:			
	n your opinion do operations enh	nance anyone's private gain?		Yes No
3. Ir	answer is yes , expla <mark>in:</mark> n your opinion is the claimant's r answer is no , expl <mark>ain:</mark>	proposed new capital investment, i	if any, necessary?	☐ Yes ☐ No
D. Own	ership of real property (as of a	applicable lien date) is recorded in	n exact name of claimant	☐ Yes ☐ No
			Did owner file an exemption clai	m? 🗌 Yes 🗌 No
	olemental Assessment (in clair late of change in ownership		Recorde	ed 🗌 Yes 🗌 No
	Ownership in name of claimant? Pate of completion of new constr			
Е	xplain what was constructed —			
3. D	ate put to exempt use		If only a portion of th	e property is put to an
	lotice: date mailed			
			with Assessor	
			elinquent	
	im for veterans' organization			
		No 2. is new this year Yes		
3. w	as not filed last year, but claime	\cdot d on another property located at $$	(give complete address includi	ing zip code)
		(all)		(all)
Reas	on for denial (if partial denial, id	entify specific area to be denied) _		
Date		Inspection for		Assessor
Date		•		

