-269-FIR-R02-0308-27000409-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIC ASSESSOR'S FIELD INSPECTION REPOI		Xochitl Marina Cama Monterey County As P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 For (921) 755 5425	
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT     Information for Property No	Year:	<ul> <li>Fax: (831) 755-5435 assessor@co.monterey.ca</li> </ul>	I.US
Name of organization			
Address of <i>this</i> property	(str	reet city zin code)	
Owner only Operator only Own	ner-Operator Date of last ir	spection of property	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable	2. other <i>(explain)</i>		
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 mee</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	etings i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property is used	for are: a. List letters used in	B1	
b. Other <i>(explain)</i>			_
<ol> <li>All or part (write in all or part where b. vacant or unused house personnel whose presence is</li> </ol>	c. in excess of that r		d. used to
<ul> <li>C. Operation of property for benefit of</li> <li>1. In your opinion are services and explanation</li> </ul>	of persons enses excessive?		Yes 🗆 N
<ul> <li>If answer is yes, explain:</li> <li>In your opinion do operations enhance</li> <li>If answer is yes, explain:</li> </ul>			Yes 🗌 N
<ol> <li>In your opinion is the claimant's prop If answer is no, explain:</li> </ol>	osed new capital investment, if	any, necessary?	🗌 Yes 🗌 N
D. <b>Ownership of real property</b> (as of appliin lf answer is <b>no</b> , explain:	icable lien date) is reco <mark>rd</mark> ed in (	exact name of claimant	🗌 Yes 🗌 N
		Did owner file an exemption claim?	🗌 Yes 🗌 N
<ul> <li>E. Supplemental Assessment (in claiman</li> <li>1. Date of change in ownership</li> </ul>		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? — 2. Date of completion of new constructi	on		
Explain what was constructed 3. Date put to exempt use		If only a portion of the pr	
<ol> <li>Notice: date mailed</li> <li>Date claim for exemption from Suppl</li> </ol>	emental Assessment was filed v	with Assessor	🗌 Not mai
6. Date first installment of supplementa		inquent	
<ul> <li>F. A claim for veterans' organization exe</li> <li>1. was filed last year  Yes  No</li> </ul>	2. is new this year	No	
3. was not filed last year, but claimed o	n another property located at $\_$	(alua pomplate address inclusion	in code)
G. Recommendation: 1. Approval			
Reason for denial (if partial denial, identi		. ,	. ,
 Date	Inspection for		, Asses
	Ву		, Desigr

