EF-269-FIR-R02-0308-33000317-1 BOE-269-FIR REV. 02 (03-08)

## VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



## Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	ONIA CIFIN	https://www.asrclkrec.com	n/
Information for Property No.	Year:		
Name of organization			
Address of <i>this</i> property			
$\square$ Owner only $\square$ Operator only $\square$	Owner-Operator Date of last in	eet, city, zip code) Ispection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily:			
B. Use of property			
1. The <b>primary activity</b> the proper	ty is used for is: (check only one)		
a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meet f. fund raising g. hospital h. housing	i. medical (not house j. recreational k. rehabilitation l. informational	spital)
	used for are: a. List letters used in	B1	
b. Other(explain)			
3. All or part (write in all or part we b. vacant or unused house personnel whose presented).  3. All or part (write in all or part we have been all or part with all or part w	here applicable) of the property is:  c. in excess of that receis not institutionally necessary	a. leased or rentedeasonably necessary	d. used to
<ul><li>C. Operation of property for benefit</li><li>In your opinion are services and</li></ul>	expenses excessive?		Yes No
If answer is <b>yes</b> , explain:  2. In your opinion do operations er			Yes No
	indirec anyone 3 private gain:		
	proposed new capital investment, if	any, <mark>necess</mark> ary?	☐ Yes ☐ No
D. Ownership of real property (as of		exact name of claimant	☐ Yes ☐ No
If answer is <b>no</b> , explain:			
		Did owner file an exemption claim	?
<ul><li>E. Supplemental Assessment (in claim</li><li>1. Date of change in ownership</li></ul>		Recorded	☐ Yes ☐ No
Ownership in name of claimant? 2. Date of completion of new const	truction		
Explain what was constructed – 3. Date put to exempt use		If only a portion of the p	
exempt use, describe exempt as  4. Notice: date mailed			
		with Assessor	
		inquent	
F. A claim for veterans' organization			
	No 2. is new this year  Yes		
3. was not filed last year, but claim	ed on another property located at	(give complete address including	
			zip code)
G. Recommendation: 1. Approval	(all)	2. Denial	(all)
Reason for denial (if partial denial, i			
Date			
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