EF-269-FIR-R02-0308-33000165-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

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/

SUPPLEMENTAL ASSES	SMENT Year:		·	
	1 ear.			
Address of <i>this</i> property				
Owner only Operator	or only Owner-Operator	(street, city, zip co	ode) of property	
If claimant is owner, name of				
If claimant is operator, name of	•			
A. Claimant is primarily:				
	charitable \Box 2. other (explain	n)		
B. Use of property				
1. The primary activity	the property is used for is: (che	eck only one)		_
□ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain	f. fund rais g. hospital h. housing	5/	i. medical (not hosp j. recreational k. rehabilitation informational	1
2. Other activities the	property is used for are: a. Lis	t letters used in B1		
b. Other(explain)3. All or part (write in a	all or part where applicable) of the	ne property is: a. leased	pr rented	
 b. vacant or unused house personnel who 	c. in ose presence is not institutional	excess of that reasonably by necessary	necessary	d. used to
	rty for benefit of persons ervices and expenses excessive	e?		☐ Yes ☐ No
If answer is yes , exp				
• • • • • • • • • • • • • • • • • • • •	perations enhance anyone's priv	vate gain?		Yes 🗌 No
If answer is yes , exp	lain:	al investment if any paces	pean/2	☐ Yes ☐ No
If answer is no , explain		ar investment, it any, neces	ssary:	
D. Ownership of real prop	erty (as of applicable lien date	e) is reco <mark>rded in exact</mark> name	e of claimant	☐ Yes ☐ No
If answer is no , explain:				
Cumplemental Assessm	eent (in claimant's name):	Did ow	vner file an exemption claim?	☐ Yes ☐ No
E. Supplemental Assessm1. Date of change in ov	vnership		Recorded	☐ Yes ☐ No
Ownership in name of 2. Date of completion of	f new construction		- /	
Explain what was co 3. Date put to exempt u	nstructed		If only a portion of the pro	operty is put to an
· ·	e exempt and nonexempt portio			
4. Notice: date mailed				
	otion from Supplemental Assess of supplemental tax bill become			
	rganization exemption on this			
	Yes No 2. is new thi	· · · ·		
was not filed last yea	r, but claimed on another prope	erty located at		
	Approval(all)			(all)
Reason for denial (if par	tial denial, identify specific area	•		
Date	In:	spection for		, Assessor
		By		Designee

