house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D. E. Supplemental Assessment (in claimant's name):	-269-FIR-R02-0308-39000197-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No.			County Clerk uite 230 468-2647
□ Owner only □ Owner-Operator Date of last inspection of property If claimant is owner, name of owner is	Name of organization			
If claimant is owner, name of owner is If claimant is operator, name of owner is A Claimant is primarily: (check only one) 1. thattable 2. Other attribution 0 B. Use of property 1. The primary activity the property is used for is: (check only one)		(street,	, city, zip code)	
If claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)				
A Claimant is primarily: (check only one) 1. charitable 2. other (explain) B Use of property 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) C D. commercial f. f. fund raising i. F. cereational C e. educational g. h. housing i. f. renhabilitation C e. durities the property is used for are: a. List letters used in B1 i. f. renhabilitation D. Other activities the property is used for are: a. List letters used in B1 o. the recreptain J. Other activities the property for benefit of persons i. in sour opinion are services and expenses exclossive? I. In your opinion are services and expenses exclossive? if answer is yes, explain: Yes in N I. In your opinion is the chimant's proposed new capital investment, if any, necessary? Yes in N If answer is yes, explain: Did owner file an exemption claim? Yes in N If answer is no, explain: Did owner file an exemption claim? Yes in N If answer is no, explain: Did owner file an exemption claim? Yes in N If answer is no, explain: Did owner file an exemption claim? Yes in N If answer is no, explain: </td <td></td> <td></td> <td></td> <td></td>				
(check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) is medical (not hespital) a. administration ef faternal and lodge meetings is medical (not hespital) b. commercial f. fund raising is recreational c. educational g. hospital is, rehabilitation d. farming h. housing l. informational b. Other (explain) 3. All or part (write in ell or part where applicable) of the property is: a leased or rented b. vacant or unused b. vacant or unused resets of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary e. in excess of that reasonably necessary 1. In your opinion are services and expenses excessive? resets of that reasonably necessary? Yes N 1. In your opinion is the adjmant's proposed new capital investment, if any, necessary? Yes N 1. In your opinion is the adjmant's proposed new capital investment, if any, necessary? Yes N 1. Boate of change in ownership postpost is necoded in exact name of claimant Yes N 1. Boate of change in ownership diamant's name): Did owner file an exemption claim?? Yes N <td>• •</td> <td></td> <td></td> <td></td>	• •			
B. Use of property 1. The primary activity the property is used for is: (check only one) a dminisfration e fraternal and todge meetings i. medical (not hospital) c. educational f. fund raising i. rehabilitation d. farming h. housing i. rehabilitation d. draming h. housing i. rehabilitation d. draming h. housing i. rehabilitation d. draming i. h. four activities the property is used for are: a. List letters used in B1 b. Other activities the property is used for are: a. List letters used in B1 d. used t b. vacant or unused c. in excess of that trassonaby necessary d. used t f. In your opinion are services and expenses excessive? Ves N f. In your opinion are services and expenses excessive? Ves N f. answer is yee, explain: 2. In your opinion is the claimant's proposed new capital investment, it any, necessary? Ves N f. answer is yee, explain: 2. Date of change in ownership mo		explain)		
1. The primary activity the property is used for is: (check only one) a. administration c fracernal and lodge meetings b. commercial f fund raising c. educational g, hospital d. farming h. holusing d. ther activities the property is used for are: a. List letters used in B1 b. Other(explain) 3. All or part (write in all or pait where applicable) of the property is: a. leased or rented b. vacant or unused c in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary 1. Iny our opinion are services and expenses excessive? ff answer is yes, explain: 1. In your opinion is the claimant's proposed new capital investment, ff any, necessary? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant if answer is no, explain: D. Ote of change in ownership				
a. administration b. fratemal and lodge meetings if medical (not hospital) b. commercial if fund raising j. recreational c. ducational if fund raising j. recreational c. ducational if fund raising j. recreational c. ducational if fund j. recreational d. farming if fund h. housing if if fund c. ducational if fund if fund h. housing if if fund c. ducational if fund if fund h. fund h. fund d. farming if fund if fund h. fund h. fund d. fund part (write in all or part where applicable) of the property is: a leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary leased or rented d. used to house personnel whose presence ary on pointer services and expenses excessive? f. In your opinion do operations enhance anyonets private gain? lessed services and expenses excessive? lessed service f. In your opinion is the failmant's proposed new capital investment, if any, necessary? less if N lessed in N f. answer is yee, explain: if only a portion of		: (check only one)		
b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary c. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? if answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? if answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, incessary? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant If answer is no, explain: D downer file an exemption claim? Yes N. Date of change in ownership Mutaet downership in name of claimant? 2. Date of completion of new construction Explain what was constructed 3. Date put to exemption of supplemental Assessment was filed with Assessor 6. Date first installment of supplemental Assessment was filed with Assessor 7. Date of change a womership of mos Supplemental Assessment was filed with Assessor 8. Date first installment of supplementat a	b. commercial f. fur c. educational g. ho d. farming h. ho m. other (explain)	nd raising spital using	j. recreational k. rehabilitation l. informational	
 All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to hove personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? if answer is yes, explain: 2. In your opinion to operations enhance anyone's private gain? if answer is yes, explain: 3. In your opinion to operations enhance anyone's private gain? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N fanswer is no, explain: Did owner file an exemption claim? Yes N answer is no, explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N answer is no explain: Did owner file an exemption claim? Yes N ate of change in ownership Quere of completion of new construction Explain what was constructed Supplemental Assessment was filed with Assessor Date of completion from Supplemental Assessment was filed with Assessor Date claim for exemption from Supplemental Assessment was filed with Assessor Date if ristallment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: was not filed last year, but claimed on another p				
1. In your opinion are services and expenses excessive? Yes If answer is yes, explain: Yes 2. In your opinion do operations enhance anyone's private gain? Yes If answer is yes, explain: Yes 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Masswer is no, explain: Downership of real property (as of applicable lien date) is recorded in exact name of claimant Yes D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N If answer is no, explain: Did owner file an exemption claim? Yes N If answer is no, explain: Did owner file an exemption claim? Yes N If answer is no, explain: Did owner file an exemption claim? Yes N Ownership in name of claimant? Recorded Yes N Ownership in name of claimant? Recorded Yes N Ownership use, describe exempt and nonexempt portions in detail Notice: date mailed Notice: date mailed Notice: date mailed Not mail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Recorded Not mail 6. Date finst installment of supplemental tax bill beco	 All or part (write in all or part where applicable b. vacant or unused house personnel whose presence is not instituted 	e) of the property is: a. c. in excess of that rea tionally necessary	leased or rented	d. used to
2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes If answer is no, explain:	1. In your opinion are services and expenses exc			Yes 🗌 No
If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes Manual of the claimant's proposed new capital investment, if any, necessary? Yes D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes If answer is no, explain:		e private gain?		Yes 🗌 No
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes N 9. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes N If answer is no, explain:				
B. Ownership of rear property (complete application number) is received in excerntaine of claiment Image: Complete address including zip code If answer is no, explain:	3. In your opinion is the claimant's proposed new		ny, necessary?	🗌 Yes 🗌 No
 E. Supplemental Assessment (in claimant's name): Date of change in ownership		date) is recorded in exa	act name of claimant	🗌 Yes 🗌 No
1. Date of change in ownership Recorded Yes N Ownership in name of claimant? If only a portion of new construction If only a portion of the property is put to a exempt use describe exempt use If only a portion of the property is put to a exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed If only a portion of the property is put to a exempt use, describe exempt and nonexempt portions in detail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mail 6. Date first installment of supplemental tax bill becomes (became) delinquent F. 7. A claim for veterans' organization exemption on this property: Not 1. was filed last year Yes No 3. was not filed last year, but claimed on another property located at (give complete address including zip code) 6. Recommendation: 1. Approval 2. Denial (part) (all) Reason for denial (if partial denial, identify specific area to be denied)			Did owner file an exemption claim?	🗌 Yes 🗌 No
3. Date put to exempt use	1. Date of change in ownership Ownership in name of claimant?		Recorded	🗌 Yes 🗌 No
3. Date put to exempt use	· · · ·			
 4. Notice: date mailed Interview of the second s	3. Date put to exempt use			
 5. Date claim for exemption from Supplemental Assessment was filed with Assessor				
 6. Date first installment of supplemental tax bill becomes (became) delinquent				
F. A claim for veterans' organization exemption on this property: 1. was filed last year Yes No 2. is new this year Yes No 3. was not filed last year, but claimed on another property located at				
3. was not filed last year, but claimed on another property located at	F. A claim for veterans' organization exemption of	n <i>this</i> property:		
G. Recommendation: 1. Approval (all) 2. Denial (part) (all)	-	•		
Reason for denial (if partial denial, identify specific area to be denied) Date	3. was not filed last year, but claimed on another	property located at	(give complete address including zi	o code)
Reason for denial (if partial denial, identify specific area to be denied) Date	G. Recommendation: 1. Approval	(all)		
Date, Asses		area to be denied)		
	 Date			

