EF-267-FIR-R02-0308-40000032-1

BOE-267-FIR REV. 02 (03-08)

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us

Information for Property No	Year:	REGULAR ASSESSMENT Email: Assessor@co.slo.ca	.us
Address of this property	Information for Property No	_ SUPPLEMENTAL ASSESSMENT Web Site: slocounty.ca.gov/	assessor
Owner only Operator only Owner-Operator Date of last inspection of property If claimant is owner, name of operator is	-		
Owner only Operator only Owner-Operator Date of last inspection of property If claimant is owner, name of operator is If claimant is owner, is If claimant is owner, is A Claimant is primarily: (check only one) 1, religious 2, hospital 3, scientific 4, charitable So ther (explain) Image: intervention of the property Image: intervention of the property is used for is: (check only one) Image: intervention of the property Image: intervention of the property Image: intervention of the property Image: intervention of the property Image: intervention of the property Image: intervention of the property Image: intervention of property for benefit of persons Image: intervention of property Image: intervention of property Image: intervention of property Image: intervention of property for benefit of persons Image: intervention of property Image: intervention of property Image: intervention of intervention of property Image: intervention of intervention of intervention of property Image: intervention of intervention of persons Image: intervention of persons Image: intervention of persons Image: intervention of intervention of intervention of persons Image: intervention of persons Im	Address of <i>this</i> property	(street, city, zip code)	
<pre>if claimant is operator, name of owner is</pre>	□ Owner only □ Operator only □ Owner-Operator		
A. Claimant is primarily: (check only one) 1. religious 2. hospital 3. scientific 4. charitable	If claimant is owner, name of operator is		
B. Use of property I. The primary activity the property is used for is: (<i>check only one</i>) a. administration b. commercial c. educational g. hospital d. farming d. farm			
B. Use of property 1. The primary activity the property is used for isr (<i>check only one</i>) a. administration c. internal and longe meetings b. commercial f. fund raising c. educational g. hospital d. farming h. hospital m. other (explain) i. informational c. ducational g. hospital b. Other (explain) i. informational c. ducational g. hospital b. Other (explain) i. informational c. ducational g. hospital b. Other (explain) i. informational d. farming i. informational b. Other (explain) i. informational d. large property is used for are: a. List letters used in B1 b. Other (explain) d. used to nouse personne whole presence is not institutionally necessary 1. In your opinion as explain: g. in excess of their reasonably necessary? 2. In your opinion as explain: Yes D. Oversethip of real property (as of applicable lien date) is recorded in exact name of claimant Yes 1. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No If answer is no, explain:		religious 🗌 2. hospital 🔲 3. scientific 🔲 4. charitable	
1. The primary activity the property is used for its (check only one) i. medical (not hospital) b. commercial f. fund raising j. recreational c. educationan g. hospital i. medical (not hospital) d. farming h. housing i. informational d. d. farming h. housing i. informational d. d. farming h. housing i. informational d. d. farming i. in housing i. informational b. Other activities the property is used for are: a. List letters used in B1 i. informational b. Other activities the property is used for are: a. List letters used in B1 i. informational b. Other activities duration of property for benefit of presons d. used to house personnel whose presence is not institutionally necessary d. used to house personnel whose anyone's private gain? 1. In your opinion do operations enhance anyone's private gain? Yes No 1f answer is yes, explain: Yes No 2. In your opinion do perperty (as of applicable lien date) is recorded in exact name of claimant Yes No 1. In your opinion the claimant's name): Did owner file ar exemption claim? Yes No 2. Bate put to exampt use capiant? Yes			
□ a. administration □ e. Instantal and lodge meetings □ i. medical (not hospital) □ b. commercial □ f. f. fund raising □ j. precrational □ c. educational □ f. f. fund raising □ j. precrational □ d. farming □ in housing □ i. informational □ o. other (explain) □ i. informational □ 3. All or part (write in all or part where applicable) of the property is: a. leased or reinted □ b. vacant or unused □ o. in excess of that reasonably necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel whose presence is not institutionally necessary □ d. used to nouse personnel noise be chainants proposed new capital investment. If any, meessary □ Yes No 1 nay our opinion is the chainants proposed new capital investment. If any,			
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 to 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 No If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No Unstant of exemption of new construction Explain what was constructed Explain what was constructed 2. Date of completion of new construction Explain what was constructed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, desc	a. administration e b. commercial f. c. educational g d. farming h	. fraternal and lodge meetings i. medical (no fund raising j. recreationa hospital k. rehabilitatio	l m
 All or part (write in all or part where applicable) of the property is: a leased or rented		List letters used in B1	
b. vacant or unused			
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 in name of claimant's name): 1. Date of change in ownership Recorded Yes No Use of change in ownership Represented Yes No Ownership in name of claimant? If only a portion of the property is put to an exempt use describe exempt and nonexempt portions in detail Explain what was constructed 3. Date put to exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for welfare exemption on this property: 1. was filed last year Yes No 3. was not filed last year but claime			
C. Operation of property for benefit of persons			d. used to
1. In your opinion are services and expenses excessive? Yes No If answer is yes, explain. Yes No 2. In your opinion do operations enhance anyone's private gain? Yes No If answer is no, explain: Yes No Downership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No 1. Date of change in ownership Recorded Yes No Ownership in name of claimant? Recorded Yes No 2. Date of completion of new construction Explain what was constructed Supplemental Assessment was filed with Assessor If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed last year Yes No 3. Date fi		nstitutionally necessary	
If answer is yes, explain If answer is yes, explain In your opinion do operations enhance anyone's private gain? Ives No If answer is yes, explain: Ives No In your opinion is the claimant's proposed new capital investment, if any, necessary? Ves No If answer is no, explain: Ives Ves No Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No 1. Date of change in ownership Recorded Yes No 2. Date of completion of new construction Explain what was constructed Supplemental Assessment (in claimant? Notice: date mailed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Not mailed Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor No 2 is new this year Yes No		ccessive?	🗌 Yes 🗌 No
 In your opinion do operations enhance anyone's private gain? If answer is yes, explain: In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No If answer is no, explain: Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no explain: Did owner file an exemption claim? Yes No If answer is no explain: Did owner file an exemption claim? Yes No If answer is no explain: Did owner file an exemption claim? Yes No No Supplemental Assessment (in claimant's name): Date of change in ownership Recorded Yes No Ownership in name of claimant? Date of completion of new construction Explain what was constructed Date of exempt use generation of the property is put to an exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Date claim for exemption on this property: I. was filed with Assessor Date first installment of supplemental Assessment was filed with Assessor Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for welfare exemption on this property: I. was filed last year Yes No Was not file last year but claimed on another property located at <i>(part) (ali)</i> Reason for denial (if partial denial, identify specific area to be denied) Date Inspection for Assessor By Designee 			1
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No If answer is no, explain:	2. In your opinion do operations enhance anyone's		🗌 Yes 🗌 No
If answer is no, explain:		anital investment if any necessary?	
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain:			
If answer is no, explain: Did owner file an exemption claim? Yes No E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Not mailed 3. Date put to exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed with Assessor Not mailed 5. Date claim for exemption on this property: 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) (aii) G. Recommendation: 1. Approval 2. Denial (part) (aii) Date Inspection for , Assessor , Assessor By	•		Yes No
E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership	If answer is no , explain:		
1. Date of change in ownership	E Supplemental Accessment (in claimant's name	Did owner file an exemption claim?	🗌 Yes 🗌 No
Ownership in name of claimant? 2. Date of completion of new construction			Ves No
2. Date of completion of new construction	Ownership in name of claimant?		
Explain what was constructed			
exempt use, describe exempt and nonexempt portions in detail			
 4. Notice: date mailed	3. Date put to exempt use	If only a portion of the prope	erty is put to an
 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 welfare 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			
G. Recommendation: 1. Approval 2. Denial (all) (all) (all) (all) (all)			
Reason for denial (if partial denial, identify specific area to be denied) Date			ip code)
Date, Assessor, Assessor By, Designee			
By, Designee	Reason for denial (if partial denial, identify spe	cific area to be denied)	
	Date		
		Ву	, Designee