EF-269-FIR-R02-0308-42000134-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

	REGULAR ASSESSMENT	CIFOR	
	SUPPLEMENTAL ASSESSMENT		
	· · · · · ·	Year:	
Na	me of organization		
Add	dress of <i>this</i> property	(street, city, zip c	code)
Ш	Owner only \square Operator only \square	Owner-Operator Date of last inspection of	of property
If cl	laimant is owner, name of operator is		
If cl	laimant is operator, name of owner is		
A.	Claimant is primarily: (check only one) ☐ 1. charitable	2. other (explain)	
В.	Use of property		
	1. The primary activity the property is used for is: <i>(check only one)</i>		
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meetings f. fund raising g. hospital h. housing	i. medical (not hospital) j. recreational k. rehabilitation l. informational
		used for are: a. List letters used in B1	
		disculor are. a. Eist letters asea in B1	
	3. All or part (write in all or part who be vacant or unused house personnel whose presence). 3. All or part (write in all or part who be vacant or unused house personnel whose presence).	nere applicable) of the property is: a. leased of the property is:	or rented
	C. Operation of property for beneIn your opinion are services and		☐ Yes ☐ No
	If answer is yes , explain:	hance apvende private gain?	☐ Yes ☐ No
	If answer is yes , explain:	lance anyone's private gain?	□ res □ No
		proposed new capital investment, if any, neces	ssary?
D.		applicable lien date) is recorded in exact name	e of claimant
	If answer is no , explain:		
			wner file an exemption claim? \square Yes \square No
E.	Supplemental Assessment (in clairDate of change in ownership		Recorded Yes No
	Ownership in name of claimant? 2. Date of completion of new constr		-
	Explain what was constructed — 3. Date put to exempt use		If only a portion of the property is put to an
	exempt use, describe exempt an	d nonexempt portions in detail	
	4. Notice: date mailed		Not mailed
			ssor
F.	A claim for veterans' organization		
		No 2. is new this year \square Yes \square No	
	3. was not filed last year, but claime	ed on another property located at	(give complete address including zip code)
G.		2. Den	
٠.		, ,	(part) (all)
	Dete		A
	Date		, Assesso . Designe
		DV	. Designer

