| T-269-FIR-R02-0308-45000349-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT | STATIOF S | LESLIE MORGAN ASSESSOR-RECOR 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 | |
|---|--|--|------------|
| REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No | Year: | Intra_County toll free: 1(800 |))479-8009 |
| Name of organization | | | |
| Address of <i>this</i> property | (stra | et city zin code) | |
| Owner only Operator only Owner-O | perator Date of last ins | spection of property | |
| If claimant is owner, name of operator is | | | |
| If claimant is operator, name of owner is | | | |
| A. Claimant is primarily: (check only one) 1. charitable 2. oth | ner <i>(explain)</i> | | |
| B. Use of property | | | |
| 1. The primary activity the property is used | | | _ |
| b. commercial f. | fraternal and lodge meeti fund raising hospital housing | ngs i. medical (not hos j. recreational k. rehabilitation l. informational | pital) |
| 2. Other activities the property is used for a | are: a. List letters used in E | 31 | |
| | | | |
| All or part (write in all or part where applied b. vacant or unused house personnel whose presence is not in | c. in excess of that re | | d. used to |
| C. Operation of property for benefit of per 1. In your opinion are services and expenses If answer is yes, explain: | sons s excessive? | | Yes No |
| In your opinion do operations enhance an If answer is yes, explain: | | | Yes 🗌 No |
| In your opinion is the claimant's proposed If answer is no, explain: | new cap <mark>ita</mark> l investment, if a | ny, necessary? | Yes No |
| D. Ownership of real property (as of applicable If answer is no, explain: | e lien date) is recorded in e | | |
| E. Supplemental Assessment (in claimant's na | mo): | _ Did owner file an exemption claim? | 🗌 Yes 🗌 No |
| Suppremental Assessment (in claimant's na Date of change in ownership Ownership in name of claimant? | | Recorded | 🗌 Yes 🗌 No |
| 2. Date of completion of new construction Explain what was constructed | | | |
| Date put to exempt use exempt use, describe exempt and nonexe | | If only a portion of the pro | |
| 4. Notice: date mailed | | | |
| 5. Date claim for exemption from Supplemen | ntal Assessment was filed w | ith Assessor | |
| 6. Date first installment of supplemental tax to | | iquent | |
| F. A claim for veterans' organization exemption 1. was filed last year Yes No 2. | is new this year | | |
| 3. was not filed last year, but claimed on ano | ther property located at | (give complete address including zin | code) |
| G. Recommendation: 1. Approval | | | |
| Reason for denial (if partial denial, identify spe | | | |
| Date | Inspection for | | |
| | | | |
| | _ , | | _ , |

