Decemental Rev 02 (03-08) Over File D INSPECTION REPORT Import Street		SOLANO	Glenn Zook	
□ REGULAR ASSESSMENT assessor@statancocurity.gov □ SUPFIEMENTAL ASSESSMENT			675 Texas Street Suite 270 Fairfield, CA 94533-6338 (707) 784-6210	0
Name of organization Address of this property Cover only Owner only Owner only Operator only Cover only Inclaimant is primarily: (check only one) 1. charitable 2. Use of property Inclaimant is primary activity the property is used for is: (check only one) 3. Administration 6. fragmal and Doperators C. clucational 6. fragmal and Doperators C. device (operator) 1. Informational C. administration 6. fragmal and Doperators M. or part (write in all or pat where sophicable on the property is: b. leased on rested J. Nour opinion are services and expenses exclosive? If answer is yes, explain: In your opinion are services and expenses exclosive? If answer is no, explain: In your opinion are services and expenses exclosive? If answer is no, explain: Downership of real property (ase of applicable lite date) is recorded in e	SUPPLEMENTAL ASSESSMENT	QUNT	assessor@solanocounty.ge	om/depts/ar ov
Address of this property		_ Year:		
□ Owner only □ Owner-Operator Date of last inspection of property If claimant is operator, 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. the triable 2. Other Konty one) 1. the triable 3. Use of property 1. The primary activity the property is used for is: (check only one)	Address of <i>this</i> property	(street,	city, zip code)	
If claimant is operator, name of owner is 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) a. administration e) fraternal and folding meetings t. medical (not hospital) b. commercial f. fund raising. i. recreational f. fund raising. i. recreational c. e. ducational g. hospital h. trobusing i. informat/oral c. ducational g. hospital i. informat/oral d. farming i. trobusing i. informat/oral d. farming i. nother (explain) s. list letters used in B1 b. other(explain) b. other (explain) i. noversing in that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of parsons i. In your opinion on services and expenses excessive? l yes Not if answer is yes, explain? 1. In your opinion sine services and expenses excessary? l yes Not if answer is no, explain? l yes Not firanswer is no, explain? D. Ownership of real property (as of applicable lien date) is recorded in exect name of claimant? l yes Not firanswer is no, explain?	Owner only Operator only Owner-Operator	ator Date of last insp	ection of property	
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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) a. administration e fraternal and lodge meetings 1. The primary activity the property is used for is: (check only one) b. commercial g. hospital i. the primary activity 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 b. Other(explain) 3. All or part (write fin all or part where applicable) of the property is: a leased or rented b. vacant or unused b. vacant or unused c. In excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for bonefit of persons 1. In your opinion are services and expenses excessive? Yes Nc If answer is yee, explain:				
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b. vacant or unused				
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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 Yes If answer is no, explain: Did owner file an exemption claim? Yes E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership Recorded Yes Not 2. Date of completion of new construction Recorded Yes Not 2. Date of completion of new construction If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed If only a portion of the property is put to ar exempt use, describe exempt and nonexempt portions in detail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not mailed 5. Date claim for veterans' organization exemption on this property: No 1. was filed last year Yes No 3. was not file last year, but claimed on another property located at (give complete address including zip code) G. Recommendation: 1. Approval (aii) 2. Denial (part) (aii) Date Inspection for Insp				Ves 🗆 No
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3. was not filed last year, but claimed on another property located at				
G. Recommendation: 1. Approval (all) 2. Denial (part) (all)		•		
Reason for denial (if partial denial, identify specific area to be denied) Date, Assess			(give complete address including zij	o code)
Date, Assess				(-)
Date, Assess	Reason for denial (if partial denial, identify specified			
	Date			

