			2400 3 Fax: (209) 525-6586
Address of <i>this</i> property	(str		
Owner only Operator only	Owner-Operator Date of last ir	eet, city, zip code) espection of property	
If claimant is owner, name of operator i			
If claimant is operator, name of owner i			
A. Claimant is primarily:	le 🗌 2. other <i>(explain)</i>		
<ul> <li>B. Use of property</li> <li>1. The primary activity the prop</li> </ul>	perty is used for is: (check only one)	_	_
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>e. fraternal and lodge mee</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	tings i. medical (not ho i. recreational k. rehabilitation l. informational	ospital)
	is used for are: a. List letters used in	B1	
b. vacant or unused	t where applicable) of the property is: c. in excess of that r ence is not institutionally necessary		d. used to
<ul> <li>C. Operation of property for b</li> <li>1. In your opinion are services a</li> <li>If answer is yes, explain:</li> </ul>	and expenses excessive?		Yes No
<ol> <li>In your opinion do operations If answer is yes, explain:</li> </ol>	enhance anyone's private gain? t's proposed new capital investment, if	any, necessary?	Yes No
If answer is <b>no</b> , explain: D. <b>Ownership of real property</b> (as			Yes No
		Did owner file an exemption claim	? 🗌 Yes 🗌 No
E. Supplemental Assessment (in of 1. Date of change in ownership		Recorded	🗌 Yes 🗌 No
Ownership in name of claima 2. Date of completion of new co Explain what was constructed	nstruction		
		If only a portion of the	property is put to an
4. Notice: date mailed	t and nonexempt portions in detail n Supplemental Assessment was filed v		
	emental tax bill becomes (became) del		
F. A claim for veterans' organizat			
	aimed on another property located at		
			zip code)
	(all) al, identify specific area to be denied)		(all)
Date	I		
	Ву		, Designee

