EF-269-FIR-R02-0308-56000097-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Keith Taylor ASSESSOR OF VENTURA COUNTY

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REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		assessor.countyorvertura.v	лg
Information for Property No	Year:		
Name of organization			
Address of <i>this</i> property			
Owner only Operator only		t, city, zip code) pection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily:			
	☐ 2. other (explain)		
B. Use of property			
 The primary activity the propert 	y is used for is: (check only one)		
☐ a. administration☐ b. commercial	e. fraternal and lodge meetingf. fund raising	ngs i. medical (not hos j. recreational	p <mark>i</mark> tal)
☐ c. educational ☐ d. farming	g. hospital h. housing	k. rehabilitation l. informational	1
m. other (explain)			
		1	
	nere applicable) of the property is: a.		
b. vacant or unused	c. in excess of that reace is not institutionally necessary		d. used to
C. Operation of property for bene 1. In your opinion are services and	efit of persons		☐ Yes ☐ No
If answer is yes , explain:			
2. In your opinion do operations en	hance anyone's private gain?		Yes 🗌 No
If answer is yes , explain:	proposed new capital investment, if an	ny nacassany?	☐ Yes ☐ No
If answer is no , explain:	proposed new capital investment, if all	ly, Heccosury:	
D. Ownership of real property (as of	applicable lien date) is recorded in ex	act name of claimant	☐ Yes ☐ No
If answer is no , explain:			
E Supplemental Accessment (in alai	mant'a nama):	_ Did owner file an exemption claim?	☐ Yes ☐ No
E. Supplemental Assessment (in claim1. Date of change in ownership		Recorded	☐ Yes ☐ No
Ownership in name of claimant?			
Date of completion of new const			
Explain what was constructed —		If only a portion of the pr	conorty is put to an
Date put to exempt use	nd nonexempt portions in detail		operty is put to an
4. Notice: date mailed	id nonexempt portions in detail		Not mailed
		th Assessor	
		quent	
F. A claim for veterans' organization			
	No 2. is new this year \square Yes		
was not filed last year, but claimed	ed on another property located at	(give complete address including zip	o code)
G. Recommendation: 1. Approval			
	• •		(all)
Reason for denial (if partial denial, identify specific area to be denied)			
Date			