F-269-FIR-R02-0308-58000089-1 OE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION E ASSESSOR'S FIELD INSPECTIO	-		Stephen S. Duckels Yuba County Assess 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No		TEOS		
Name of organization				
Address of <i>this</i> property				
Owner only Operator only	Owner-Operator	(street, city Date of last inspec	y, zip code) tion of property	
If claimant is owner, name of operator				
If claimant is operator, name of owne				
A. Claimant is primarily:				
B. Use of property				
1. The primary activity the pr	operty is used for is: (che	ck only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	f. fund rais g. hospital h. housing	5	 i. medical (not hos j. recreational k. rehabilitation l. informational 	
	•			
 All or part (write in all or part) b. vacant or unused house personnel whose presented 	c in	excess of that reason		d. used to
C. Operation of property for1. In your opinion are services	benefit of persons and expenses excessive			Yes No
If answer is yes , explain: 2. In your opinion do operation If answer is yes , explain: _	ns enhance anyone's priv	rate gain?		Yes No
 In your opinion is the claim If answer is no, explain: 	ant's <mark>propos</mark> ed new cap <mark>i</mark> ta	al investment, if any,	necessary?	Yes No
D. Ownership of real property (a If answer is no, explain:				
E. Supplemental Assessment (i	n claimant's name):		Did owner file an exemption claim?	🗌 Yes 🗌 No
1. Date of change in ownersh Ownership in name of clain	ip	0	Recorded	🗌 Yes 🗌 No
 Date of completion of new Explain what was construct 	construction			
Date put to exempt use			If only a portion of the pro-	
4. Notice: date mailed			Assessor	🗌 Not maile
6. Date first installment of sup	plemental tax bill become	es (became) delinque	ent	
 F. A claim for veterans' organiz 1. was filed last year Yes 	-		No	
3. was not filed last year, but o	claimed on another prope	rty located at	(give complete address including zip	
G. Recommendation: 1. Approv	al	2	. Denial	(all)
	()	to be denied)	. ,	
Date	Ins			

