-269- VE1	FIR-R02-0308-04000316-1 FIR REV. 02 (03-08) ERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT			
	REGULAR ASSESSMENT		Email: assessorsoffice@bu	,
∟ Infor	SUPPLEMENTAL ASSESSMENT mation for Property No	Year:	Website: www.buttecounty	.net/assessor
		roun		
Add	ress of <i>this</i> property			
	Owner only Operator only Owne	r-Operator Date of last in	et, city, zip code) spection of property	
	aimant is operator, name of owner is			
	Claimant is primarily:			
	(check only one) $\Box$ 1. charitable $\Box$ 2.	other (explain)		
В.	Use of property			
	1. The <b>primary activity</b> the property is us	ed for is: (check only one)		
	a. administration         b. commercial         c. educational         d. farming         m. other (explain)	e. fraternal and lodge meet f. fund raising g. hospital h. housing	ings ings ingenerational informational informational ingeneratio	pital)
	2. Other activities the property is used for	or are: a. List letters used in	B1	
				_
	3. All or part (write <mark>in</mark> all or part where a			
	b. vacant or unused		easonably necessary	d. used to
	house personnel whose presence is no			
	<ol> <li>Operation of property for benefit of 1. In your opinion are services and expen- 1. In your opinion are services are services and expen- 1. In your opinion are services are services and expen- 1. In your opinion are services are</li></ol>			Yes 🗌 No
	If answer is <b>yes</b> , explain: 2. In your opinion do operations enhance	anvone's private gain?		Ves 🗌 No
	If answer is <b>yes</b> , explain:	anjoiro o pinato gamin		
:	<ol> <li>In your opinion is the claimant's proposed of the second se</li></ol>	sed new capital investment, if	any, necessary?	🗌 Yes 🗌 No
	Ownership of real property (as of application of application of application of application of a second structure of a second structu	able lien date) is recorded in e	exact name of claimant	🗌 Yes 🗌 No
			Did owner file an exemption claim?	🗌 Yes 🗌 No
	Supplemental Assessment (in claimant's			
	1. Date of change in ownership		Recorded	🗌 Yes 🛄 No
	Ownership in name of claimant? 2. Date of completion of new construction			
	Explain what was constructed			
;	3. Date put to exempt use		If only a portion of the pr	operty is put to ar
	4. Notice: date mailed			🗌 Not maile
	5. Date claim for exemption from Suppler			
	6. Date first installment of supplemental ta		nquent	
	A claim for veterans' organization exem			
	1. was filed last year 🗌 Yes 🗌 No	•		
:	<ol><li>was not filed last year, but claimed on a</li></ol>	another property located at	(give complete address including zi	p code)
G.	Recommendation: 1. Approval	/ IN	_ 2. Denial	(all)
	Reason for denial (if partial denial, identify			
	Date	Inspection for		
I				,7,000000

