EF-269-FIR-R02-0308-06000356-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Bob Buckner Colusa County Assessor

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

	for Property No.	Voor		
Information for Property No Year:				
Name of organization				
Address of <i>this</i> property				
		·	spection of property	
If claimant i	s operator, name of owner is			
	nt is primarily: only one) □ 1. charitable □ :	2. other (explain)		
B. Use of property				
 The primary activity the property is used 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	j. recreational k. rehabilitation l. informational	4
2. Other activities the property is used for are: a. List letters used in B1				
3. All b. hou	or part (write in all or part where vacant or unused se personnel whose presence is	c. in excess of that renot institutionally necessary	a. leased or rentedeasonably necessary	d. used to
1. In y	eration of p <mark>roperty for benefit o</mark> our opinion are services and expe	enses excessive?		☐ Yes ☐ No
	nswer is yes , explain: our opinion do oper <mark>ations en</mark> hand			Yes No
	nswer is yes , expla <mark>in:</mark>	ce arryone's private gain!		
3. In y	our opinion is the claimant's propensiver is no , explain:	osed new capital investment, if a	any, necessary?	☐ Yes ☐ No
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant				
	er is no , explain:			
			Did owner file an exemption claim?	Yes No
E. Supple	mental Assessment (in claimant	i's name):		
1. Dat	e of change in ownership		Recorded	☐ Yes ☐ No
	nership in name of claimant? —			
	e of completion of new construction	on		
3. Dat	lain what was constructed ——— e put to exempt use		If only a portion of the p	property is put to an
	ice: date mailed		**************************************	
			vith Assessor	
6. Date first installment of supplemental tax bill becomes (became) delinquentF. A claim for veterans' organization exemption on this property:				
	if filed last year \square Yes \square No		□ No	
3. was	s not filed last year, but claimed or	n another property located at	(give complete address including a	zip code) .
	mendation: 1. Approval			(all)
Reason for denial (if partial denial, identify specific area to be denied)				
Date _		·		
		By		, Designee

