	Gus Kramer
F-269-FIR-R02-0308-07000368-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 TAX: (925) 313-7488
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT	Telephone: (925) 313-7400 http://www.cccounty.us/assessor
Information for Property No Year:	
Name of organization	
Address of <i>this</i> property	(street, city, zip code)
Owner only Operator only Owner-Operator Date	of last inspection of property
If claimant is owner, name of operator is	
If claimant is operator, name of owner is	
A. Claimant is primarily: (check only one) 1. charitable 2. other (explain)	
B. Use of property	
1. The <b>primary activity</b> the property is used for is: (check only	
<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>	lge meetings is medical (not hospital) j. recreational k. rehabilitation l. informational
2. Other activities the property is used for are: a. List letters	used in B1
b. Other(explain)	
3. All or part (write in all or part where applicable) of the prope	
b. vacant or unused c. in excess	
house personnel whose presence is not institutionally neces	sary
<ul> <li>C. Operation of property for benefit of persons</li> <li>1. In your opinion are services and expenses excessive?</li> </ul>	Yes No
If answer is <b>yes</b> , explain: 2. In your opinion do operations enhance anyone's private gain	n? See See See See See See See See See Se
If answer is <b>yes</b> , expla <mark>in</mark> :	
<ol> <li>In your opinion is the claimant's proposed new capital invest If answer is no, explain:</li> </ol>	ment, if any, necessary?
D. Ownership of real property (as of applicable lien date) is reco If answer is no, explain:	rded in exact name of claimant
	Did owner file an exemption claim?
<ul> <li>E. Supplemental Assessment (in claimant's name):</li> <li>1. Date of change in ownership</li> </ul>	Recorded Yes No
Ownership in name of claimant?	
Explain what was constructed	If only a portion of the property is put to ar
exempt use, describe exempt and nonexempt portions in de	tail
	Not mail
	as filed with Assessor
	me) delinquent
F. A claim for veterans' organization exemption on <i>this</i> proper	-
1. was filed last year Yes No 2. is new this year	
3. was not filed last year, but claimed on another property locat	(give complete address including zip code)
G. Recommendation: 1. Approval	2. Denial (part) (all)
(an) Reason for denial <i>(if partial denial, identify specific area to be de</i>	enied)
Date Inspection	for, Assess
	By, Design
	, Design

