F-269-FIR- OE-269-FIR RE	R02-0308-07000200-1 EV.02(03-08)	(Lin	Gus Kramer County Assessor 2530 Arnold Drive, Suite	100
	NS' ORGANIZATION EXEMPTION OR'S FIELD INSPECTION REPORT	- 18	Martinez, CA 94553-4359 FAX: (925) 313-7488	1
SUPF	JLAR ASSESSMENT PLEMENTAL ASSESSMENT	COOL	Telephone: (925) 313-740 http://www.cccounty.us/as	
	on for Property No Ye			
Name of	organization			
Address	of <i>this</i> property	(street,	city, zip code)	
	r only 🗌 Operator only 🗌 Owner-Operator			
(chec	ant is primarily: <i>k only one)</i> 1. charitable 2. other (<i>exp</i>	olain)		
	of property			
1. In	e primary activity the property is used for is: (
	b. commercial c. educational d. farming b. commercial f. fund g. hosp h. house	ital	is i. medical (not ho j. recreational k. rehabilitation l. informational	spital)
2. O	ther activities the property is used for are: a.	List letters used in B1		
	Other(explain)			
	II or part (write in all or part where applicable) o			
	vacant or unused c		onably necessary	d. used to
	ouse personnel whose presence is not institutio	nally necessary		
1. In	peration of property for benefit of persons your opinion are services and expenses exces answer is yes, explain:	sive?		Yes 🗌 No
	your opinion do operations enhance anyone's	private gain?		Yes 🗌 No
	answer is yes , explain:			
3. In	your opinion is the claimant's proposed new ca answer is no , explain:	apital investment, if any	/, necessary?	□ Yes □ No
	ership of real property (as of applicable lien d wer is no, explain:	ate) is recorded in exa	ct name of claimant	🗌 Yes 🗌 No
			Did owner file an exemption claim?	? 🗌 Yes 🗌 No
	lemental Assessment (in claimant's name): ate of change in ownership		Recorded	🗌 Yes 🗌 No
0	wnership in name of claimant?ate of completion of new construction			
	xplain what was constructed			
	ate put to exempt use		If only a portion of the p	property is put to an
ex	cempt use, describe exempt and nonexempt po	rtions in detail		
	otice: date mailed			
	ate claim for exemption from Supplemental Ass			
	ate first installment of supplemental tax bill bec		uent	
	im for veterans' organization exemption on a			
		/ this year □ Yes □		
3. W	as not filed last year, but claimed on another pr		(give complete address including :	zip code)
G. Reco	mmendation: 1. Approval	(all)	2. Denial	(all)
	on for denial (if partial denial, identify specific a	rea to be denied)		
Data				
Dale				
		DУ		, Designe

