	Gus Kramer
F-269-FIR-R02-0308-07000168-1 OE-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
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 I	ast 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 primary activity the property is used for is: (check only one	
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	meetings i. medical (not hospital) j. recreational k. rehabilitation l. informational
2. Other activities the property is used for are: a. List letters use	ed in B1
b. Other(<i>explain</i>)	
3. All or part (write in all or part where applicable) of the property	
b. vacant or unused c. in excess of	
house personnel whose presence is not institutionally necessar	У
 C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? 	
If answer is yes , explain: 2. In your opinion do operations enhance anyone's private gain?	
If answer is yes , expla <mark>in</mark> :	
 In your opinion is the claimant's proposed new capital investment If answer is no, explain: 	
D. Ownership of real property (as of applicable lien date) is recorden If answer is no, explain:	
E Supplemental Accessment (in claimant's parce):	Did owner file an exemption claim? └┘ Yes └┘ No
 E. Supplemental Assessment (in claimant's name): 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	If only a portion of the property is put to an
exempt use, describe exempt and nonexempt portions in detail	
	Not mail
5. Date claim for exemption from Supplemental Assessment was	
 6. Date first installment of supplemental tax bill becomes (became F. A claim for veterans' organization exemption on <i>this</i> property: 	
1. was filed last year □ Yes □ No 2. is new this year □	Ves 🗌 No
	at
3. was not filed last year, but claimed on another property located	(give complete address including zip code)
G. Recommendation: 1. Approval(all)	2. Denial (part) (all)
Reason for denial (if partial denial, identify specific area to be denied	ed)
Date Inspection for	, Assess
	, Design
D)	, Design

