	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 <b>primary activity</b> the property is used for is: (check only one	
<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>	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
<ul> <li>C. Operation of property for benefit of persons</li> <li>1. In your opinion are services and expenses excessive?</li> </ul>	
If answer is <b>yes</b> , explain: 2. In your opinion do operations enhance anyone's private gain?	
If answer is <b>yes</b> , expla <mark>in</mark> :	
<ol> <li>In your opinion is the claimant's proposed new capital investment If answer is no, explain:</li> </ol>	
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
<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? — 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	
<ul> <li>6. Date first installment of supplemental tax bill becomes (became</li> <li>F. A claim for veterans' organization exemption on <i>this</i> property:</li> </ul>	
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

