		-		981 0 Cre	nnifer Perry, Asse punty of Del Norte I H Street, Suite 120 escent City, CA 95531 ephone: (707) 464-7200	
			1001			
	TAL ASSESSMENT	Year:				
Name of organiza		+ can				
Address of <i>this</i> p	property					
Owner only	Operator only	Owner-Operator I	^{(street} Date of last inst	t, city, zip code) Dection of proper	tv	
	er, name of operator is					
	ator, name of owner is					
A. Claimant is p	rimarily:	2. other (<i>explain</i>)				
B. Use of prope						
1. The prima	ary activity the proper	ty is used for is: (check	only one)			
□ b. co □ c. ed □ d. far □ m. ot	ner (explain)	 f. fund raising g. hospital h. housing 			 i. medical (not hosp j. recreational k. rehabilitation l. informational 	
2. Other ac	tivities the property is	used for are: a. List le	etters used in B	1		
b. Other						
b. vacan	t or unused	here applicable) of the c. in ex ce is not institutionally r	cess of that rea			d. used
1. In your op		efit of persons expenses excessive?				□ Yes □
2. In your op	is yes , explain: pinion do oper <mark>ations e</mark> r is yes , explain:	hance anyone's private	e gain?			Yes 🗌
In your op		proposed new capital i	nvestment, if ar	ny, necessary?		☐ Yes □
D. Ownership o If answer is n		applicable lien date) is	recorded in ex			
E Supplement	al Assessment (in cla	mant's name):		_ Did owner file	an exemption claim?	🗆 Yes 🗌
1. Date of cl Ownershi	nange in ownership p in name of claimant?		C		Recorded	□ Yes □
	ompletion of new cons					
	hat was constructed – to exempt use			If o	nly a portion of the pro	operty is put to
4. Notice: d	ate mailed	nd nonexempt portions				🗌 Not ma
6. Date first	installment of supplem	Supplemental Assessme ental tax bill becomes ((became) deline			
	-	exemption on <i>this</i> pr				
		No 2. is new this y				
		ed on another property				code)
G. Recommend	ation: 1. Approval	(all)		2. Denial	(part)	(all)
Reason for de	enial <i>(if partial denial, i</i>	dentify specific area to	-			
Date		Inspe				
			Ву			, Desi

