r-269-FIR-R02-0308-10000335-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEM ASSESSOR'S FIELD INSPECTION R	-	REST	Paul Dictos, CPA Fresno County As P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Year	Ŭ		, ou uo
Name of organization				
Address of <i>this</i> property				
Owner only Operator only	Owner-Operator	(street, of Date of last inspe	city, zip code)	
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				
B. Use of property				
1. The primary activity the proper	rty is used for is: (check	k only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	☐ f. fund raisir ☐ g. hospital ☐ h. housing	2	j. recreational k. rehabilitation l. informational	
2. Other activities the property is				
 All or part (write in all or part w b. vacant or unused house personnel whose present 	c. in ex	xcess of that reas		d. used to
 C. Operation of property for ben 1. In your opinion are services and 	efit of persons d expenses excessive?			Yes No
If answer is yes , explain: 2. In your opinion do oper <mark>ations e</mark> If answer is yes , explain:	nhance anyone's privat	te gain?		Yes 🗌 No
 In your opinion is the claimant's If answer is no, explain: 		investment, if any	ı, necessary?	Yes No
D. Ownership of real property (as of If answer is no , explain:	applicable lien date) i			
E. Supplemental Assessment (in cla	aimant's name):		Did owner file an exemption claim	n? 🗌 Yes 🗌 No
Date of change in ownership Ownership in name of claimant			Recorded	I 🗌 Yes 🗌 No
 Date of completion of new cons Explain what was constructed - 	struction	\mathbf{O}		
3. Date put to exempt use			If only a portion of the	
5. Date claim for exemption from	Supplemental Assessm	nent was filed with	Assessor	
6. Date first installment of suppler			uent	
F. A claim for veterans' organizatio 1. was filed last year Yes] No	
3. was not filed last year, but clain	ned on another property	y located at	(give complete address including	a zip code)
G. Recommendation: 1. Approval _	(all)		2. Denial	(all)
Reason for denial (if partial denial,	identify specific area to	be denied)		
Date	Insp	ection for		, Assesso

