F-269-FIR-R02-0308-10000194-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEM ASSESSOR'S FIELD INSPECTION RE	-	EST COLUMN	Paul Dictos, CPA Fresno County Asse P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Year	<u> </u>		
Name of organization				
Address of <i>this</i> property				
□ Owner only □ Operator only □	Owner-Operator Da	(street, city, zip code) te of last inspection of pr	operty	
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 property	ty is used for is: <i>(check on</i>	lv one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and f. fund raising g. hospital h. housing 		 i. medical (not hospital) j. recreational k. rehabilitation l. informational 	
2. Other activities the property is				
 All or part (write in all or part with b. vacant or unused house personnel whose present. 	c. in exce	ss of that reasonably neo		d. used to
 C. Operation of property for beneficial In your opinion are services and 	efit of persons expenses excessive?			☐ Yes ☐ No
If answer is yes , explain: 2. In your opinion do operations er If answer is yes , explain:	nhance anyone's private g	ain?	$\overline{}$	Yes 🗌 No
 In your opinion is the claimant's If answer is no, explain: 		estment, if any, necessar	y?	Yes No
D. Ownership of real property (as of If answer is no, explain:	applicable lien date) is re	corded in exact name of	claimant	∐ Yes ∐ No
E Supplemental Accessment (in ale		Did owner	file an exemption claim?	🗌 Yes 🗌 No
E. Supplemental Assessment (in clair 1. Date of change in ownership		\mathbf{C}	Recorded	🗌 Yes 🗌 No
Ownership in name of claimant? 2. Date of completion of new const Explain what was constructed –	truction			
 Date put to exempt use exempt use, describe exempt an 			If only a portion of the pro	
 Notice: date mailed Date claim for exemption from S 				🗌 Not maile
6. Date first installment of supplem				
F. A claim for veterans' organization 1. was filed last year \Box Yes \Box	n exemption on <i>thi</i> s prop	perty:		
3. was not filed last year, but claim	•	acted at		
G. Recommendation: 1. Approval			(give complete address including zip	code) (all)
Reason for denial <i>(if partial denial, i</i>		denied)		
Date	Inspecti			
		Ву		, Designe

