EF-269-FIR-R02-0308-14000354-1 BOE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMP ASSESSOR'S FIELD INSPECTION RE		Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us
REGULAR ASSESSMENT		
SUPPLEMENTAL ASSESSMENT	Year:	
	i cai	
Address of <i>this</i> property	(street, city,	
	(street, city, Owner-Operator Date of last inspecti	zip code) on of property
If claimant is operator, name of owner is		
A. Claimant is primarily:		
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>) 	 e. fraternal and lodge meetings f. fund raising g. hospital h. housing 	 i. medical (not hospital) j. recreational k. rehabilitation l. informational
	ere applicable) of the property is: a. leas c. in excess of that reasona e is not institutionally necessary	
C. Operation of property for benefit1. In your opinion are services and operations of the services of the ser	expenses excessive?	Yes No
If answer is yes , explain: 2. In your opinion do operations enh		
If answer is yes , explain: 3. In your opinion is the <mark>cla</mark> imant's p		
If answer is no , explain:		name of claimant
If answer is no , explain:		d owner file an exemption claim?
E. Supplemental Assessment (in clain		
 Date of change in ownership Ownership in name of claimant? 		Recorded
2. Date of completion of new constr		
Explain what was constructed — 3. Date put to exempt use		If only a portion of the property is put to an
exempt use, describe exempt and	d nonexempt portions in detail	
		ssessor
F. A claim for veterans' organization		.t
-	No 2. is new this year \Box Yes \Box N	
	ed on another property located at	(give complete address including zip code)
G. Recommendation: 1. Approval	2. I	Denial
Reason for denial (if partial denial, id		
 Date		, Assesso
	-	, Designe
	,	,

D OF

County of Inyo

