EF-269-FIR-R02-0308-14000283-1 BOE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EX ASSESSOR'S FIELD INSPECTION		Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us
REGULAR ASSESSMENT		inyoassessoi @inyocounty.us
SUPPLEMENTAL ASSESSMENT	Veer	
	Year:	
Name of organization		
Address of <i>tins</i> property	(street, c	city, zip code)
		ection of property
If claimant is owner, name of operator		
If claimant is operator, name of owner	IS	
	ble 🗌 2. other (<i>explain</i>)	
B. Use of property		
 The primary activity the prop a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	perty is used for is: <i>(check only one)</i> e. fraternal and lodge meetings f. fund raising g. hospital h. housing	s i. medical (not hospital) j. recreational k. rehabilitation l. informational
b. vacant or unused	t where applicable) of the property is: a. le c. in excess of that reaso sence is not institutionally necessary	
C. Operation of property for b1. In your opinion are services a	and expenses excessive?	Yes No
If answer is yes , explain:	enhance anyone's private gain?	Yes No
If answer is yes , expla <mark>in</mark> :	nt's proposed new capital investment, if any	
	of applicable lien date) is recorded in exac	ct name of claimant Yes No
		Did owner file an exemption claim? \Box Yes \Box No
 E. Supplemental Assessment (in 1. Date of change in ownership 		Recorded Ses No
Ownership in name of claima 2. Date of completion of new co	onstruction	
Explain what was constructed 3. Date put to exempt use		If only a portion of the property is put to an
	t and nonexempt portions in detail	
	m Supplemental Assessment was filed with	Assessor Not maile
		Jent
	tion exemption on <i>this</i> property:	
	□ No 2. is new this year □ Yes □] No
	aimed on another property located at	
		(give complete address including zip code) 2. Denial
		(part) (all)
 Date		, Assesso
	-	, Designe

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County of Inyo

