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		
<ol> <li>The primary activity the prop a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ol>	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	
<ul><li>C. Operation of property for b</li><li>1. In your opinion are services a</li></ul>	and expenses excessive?	Yes No
If answer is <b>yes</b> , explain:	enhance anyone's private gain?	Yes No
If answer is <b>yes</b> , expla <mark>in</mark> :	nt's proposed new capital investment, if any	
	of applicable <b>lien date</b> ) is recorded in exac	ct name of claimant  Yes No
		Did owner file an exemption claim? $\Box$ Yes $\Box$ No
<ul> <li>E. Supplemental Assessment (in 1. Date of change in ownership</li> </ul>		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** 

