EF-269-FIR-R02-0308-14000156-1 BOE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEM 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:	
	real	
Address of <i>this</i> property	(street, city,	
	(street, city, Owner-Operator Date of last inspect	. zip code) ion of property
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
A. Claimant is primarily:		
B. Use of property		
1. The primary activity the propert	y is used for is: (check only one)	
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>e. fraternal and lodge meetings</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	<ul> <li>i. medical (not hospital)</li> <li>j. recreational</li> <li>k. rehabilitation</li> <li>l. informational</li> </ul>
b. vacant or unused	nere applicable) of the property is: a. leas c. in excess of that reason the is not institutionally necessary	
<ul><li>C. Operation of property for bene</li><li>1. In your opinion are services and</li></ul>	expenses excessive?	Yes No
If answer is <b>yes</b> , explain: 2. In your opinion do oper <mark>ations en</mark>		
If answer is <b>yes</b> , explain: 3. In your opinion is the <mark>cla</mark> imant's		
If answer is <b>no</b> , explain:		name of claimant
If answer is <b>no</b> , explain:		id owner file an exemption claim?
E. Supplemental Assessment (in clai		
<ol> <li>Date of change in ownership</li> <li>Ownership in name of claimant?</li> </ol>		Recorded Yes No
2. Date of completion of new const		
Explain what was constructed — 3. Date put to exempt use		If only a portion of the property is put to an
	nd nonexempt portions in detail	
4. Notice: date mailed		
		nt
F. A claim for veterans' organization		
	No 2. is new this year Yes I	
3. was not filed last year, but claime	ed on another property located at	
G. Recommendation: 1. Approval		Denial (part) (all)
		(part) (aii)
 Date		, Assessor
	-	, Designee

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**County of Inyo** 

