BOE-269	-FIR-R02-0308-14000107-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEM SESSOR'S FIELD INSPECTION RI		P.O. Box J Independence (760) 878-0302	2	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		inyoassessor@	anyocounty.us	
Information for Property No Year:					
Na	me of organization				
Address of <i>this</i> property					
	Owner only Operator only Owner-Operator Date of last inspection of property				
If claimant is owner, name of operator is					
lf c	If claimant is operator, name of owner is				
Α.	Claimant is primarily: (check only one) 1. charitable	2. other <i>(explain)</i>			
В.	Use of property				
	 The primary activity the proper a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge mee f. fund raising g. hospital h. housing 	j. recrea k. rehab l. inform	ational	
	2. Other activities the property is				
	 All or part (write in all or part w. b. vacant or unused 	<i>here applicable)</i> of the property is: c. in excess of that ce is not institutionally necessary	a. leased or rented	d. used to	
	C. Operation of property for benIn your opinion are services and	efit of persons d expenses excessive?		Yes No	
	 If answer is yes, explain: In your opinion do operations er If answer is yes, explain: In your opinion is the claimant's 	nhance anyone's private gain?	f any, necessary?	Yes No	
D.	If answer is no , explain: Ownership of real property (as of If answer is no , explain:	applicable lien date) is recorded in	exact name of claimant	Yes No	
			Did owner file an exempt	ion claim? 🗌 Yes 🗌 No	
E.	 Supplemental Assessment (in cla 1. Date of change in ownership Ownership in name of claimant? 	?	F	ecorded 🗌 Yes 🗌 No	
	2. Date of completion of new const				
	Explain what was constructed – 3. Date put to exempt use		• •	on of the property is put to an	
		nd nonexempt portions in detail			
	 5. Date claim for exemption from S 				
	 Date first installment of supplem 				
F.	A claim for veterans' organization				
	1. was filed last year 🗌 Yes 🗌 No 🛛 2. is new this year 🗌 Yes 🗌 No				
	3. was not filed last year, but claimed on another property located at				
G.	Recommendation: 1. Approval				
	Reason for denial (if partial denial, i			(all)	
	Date	-		, Assessor	
		Ву		, Designee	

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County of Inyo

