EF-269-FIR-R02-0308-16000172-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Office of the Assessor Kings County

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

REGULAR ASSESSMENT	-13.03	14X 333 302 27 34	
SUPPLEMENTAL ASSESSMENT			
Information for Property No			
Name of organization			
Address of <i>this</i> property		reet, city, zip code)	
\square Owner only \square Operator only \square	Owner-Operator Date of last in	nspection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable	2. other (explain)		
B. Use of property	, , ,		
The primary activity the propert	y is used for is: (check only one)		
a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge mee f. fund raising g. hospital h. housing	j. recreationa k. rehabilitatio	on al
2. Other activities the property is	used for are: a. List letters used in	B1	
All or part (write in all or part when b. vacant or unused)	nere applicable) of the property is: c. in excess of that re is not institutionally necessary	a. leased or rented	d. used to
C. Operation of property for beneIn your opinion are services and	efit of persons		☐ Yes ☐ No
If answer is yes , explain:			
In your opinion do operations en	hance anyone's private gain?		☐ Yes ☐ No
If answer is yes , explain:			
3. In your opinion is the claimant's If answer is no , explain:			☐ Yes ☐ No
D. Ownership of real property (as of		exact name of claimant	☐ Yes ☐ No
If answer is no , explain:			
E. Supplemental Assessment (in clai	mant's name):	Did owner file an exemption cla	aim? ∐ Yes ∐ No
Date of change in ownership		Record	ded 🗌 Yes 🗌 No
Ownership in name of claimant?		110001.0	
Date of completion of new const			
Explain what was constructed —			
Date put to exempt use		If only a portion of t	the property is put to an
	nd nonexempt portions in detail		
4. Notice: date mailed			Not maile
5. Date claim for exemption from S			
Date first installment of supplem		linquent	
F. A claim for veterans' organization		_	
1. was filed last year $\ \square$ Yes $\ \square$			
3. was not filed last year, but claim	ed on another property located at $_$	(give complete address incl	iding zin codo)
			ding zip code)
G. Recommendation: 1. Approval	(all)		(all)
Reason for denial (if partial denial, id	dentify specific area to be denied) $_$		
Date	Inspection for		, Assesso

Ву __

__ , Designee