F-269-FIR-R02-0308-16000127-1 OE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMP ASSESSOR'S FIELD INSPECTION REI		Kings County 1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794
REGULAR ASSESSMENT		14X 000 002 2104
SUPPLEMENTAL ASSESSMENT	Vaar	
	Year:	
Name of organization		
Address of this property	(street, city, zip co	^{ode)} of property
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
	2. other <i>(explain)</i>	
B. Use of property		
 The primary activity the property a. administration b. commercial c. educational d. farming m. other (explain) 	 is used for is: (check only one) e. fraternal and lodge meetings f. fund raising g. hospital h. housing 	 i. medical (not hospital) j. recreational k. rehabilitation l. informational
	sed for are: a. List letters used in B1	
3. All or part (write in all or part whe	ere applicable) of the property is: a. leased of the comparison of the property is: a. leased of the comparison of the c	pr rented
house personnel whose presence		necessary d. used to
 C. Operation of property for benefined 1. In your opinion are services and end 	expenses excessive?	Yes No
If answer is yes , explain: 2. In your opinion do operations enh		Yes No
If answer is yes , explain: 3. In your opinion is the claimant's p If answer is no , explain:	roposed new capital investment, if any, neces	ssary?
	pplicable lien date) is recorded in exact name	e of claimant Yes No
If answer is no , explain:		
		/ner file an exemption claim? Yes No
 E. Supplemental Assessment (in claim 1. Date of change in ownership 	nant's name):	Recorded Yes No
Ownership in name of claimant? - 2. Date of completion of new constru		
Explain what was constructed —		
Date put to exempt use		If only a portion of the property is put to an
4. Notice: date mailed	d nonexempt portions in detail	Not mailed
		sor
F. A claim for veterans' organization	No 2. is new this year Yes No	
	d on another property located at	
G. Recommendation: 1. Approval	all) 2. Deni	ial
	entify specific area to be denied)	
Date		, Assesso
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		, besigne

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Office of the Assessor

