F-269-FIR-R02-0308-17000243-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXE ASSESSOR'S FIELD INSPECTION F	Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453	County Assessor-Recorder Lake County Courthouse 255 North Forbes Street	
REGULAR ASSESSMENT		Recorder's Office Phone: 7 Fax: 707-263-3703	
Information for Property No.			
Name of organization			
Address of <i>this</i> property	(str	eet, city, zip code)	
Owner only Operator only	Owner-Operator Date of last in	spection 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	e 🗌 2. other <i>(explain)</i>		
B. Use of property			
1. The primary activity the prope	erty is used for is: (check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meet f. fund raising g. hospital h. housing 	tings i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
		B1	
b. vacant or unused	where applicable) of the property is: c. in excess of that re nce is not institutionally necessary		d. used to
C. Operation of property for being the services and the services are services.	nefit of persons Id expenses excessive?		Yes 🗆 N
If answer is yes , explain: 2. In your opinion do operations e If answer is yes , explain:	enhance anyone's private gain?		Yes 🗌 N
	s <mark>propose</mark> d new cap <mark>ita</mark> l investm <mark>en</mark> t, if	any, necessary?	🗌 Yes 🗌 N
D. Ownership of real property (as o If answer is no, explain:	f applicable lien date) is recorded in e		Yes N
		Did owner file an exemption claim?	🗌 Yes 🗌 N
 E. Supplemental Assessment (in cla 1. Date of change in ownership) 		Recorded	🗌 Yes 🗌 N
Ownership in name of claiman 2. Date of completion of new con- Explain what was constructed	struction		
Date put to exempt use		If only a portion of the pro-	
4. Notice: date mailed		vith Assessor	🗌 Not mai
	mental tax bill becomes (became) deli	nquent	
-	☐ No 2. is new this year ☐ Yes	🗌 No	
		(give complete address including zip	
G. Recommendation: 1. Approval			
		(F 11.9)	
Date	Inspection for		
	Ву		, Design

