| 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 |
| | | | |

