F-269-FIR-R02-0308-19000235-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEM ASSESSOR'S FIELD INSPECTION R		Ms. Sharon Moelle Los Angeles Court 500 W Temple ST Los Angeles, CA 90012-2 Phone: (213) 974-3341	ty Assessor
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Vear:		
Name of organization Address of <i>this</i> property			
□ Owner only □ Operator only □	(str Owner Operator Data of last in	reet, city, zip code)	
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			
1. The primary activity the proper			_
 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 ho i. medical (not ho j. recreational k. rehabilitation l. informational	spital)
2. Other activities the property is	used for are: a. List letters used in	B1	
b. Other(<i>explain</i>)			
b. vacant or unused	here applicable) of the property is: c. in excess of that ro ce is not institutionally necessary		d. used to
C. Operation of property for ben			
 In your opinion are services and If answer is yes, explain: 	l expenses excessive?		Yes 🗌 No
 In your opinion do operations er If answer is yes, explain: 	nhance anyone's private gain?		Yes 🗌 No
	proposed new capital investment, if	any, necessary?	🗌 Yes 🗌 No
D. Ownership of real property (as of If answer is no, explain:	applicable lien date) is recorded in e	exact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption claim	? 🗌 Yes 🗌 No
 E. Supplemental Assessment (in cla 1. Date of change in ownership 		Recorded	🗌 Yes 🗌 No
Ownership in name of claimant? 2. Date of completion of new cons	truction		
Explain what was constructed – 3. Date put to exempt use		If only a portion of the	. , .
4. Notice: date mailed			🗌 Not maile
		with Assessor inquent	
F. A claim for veterans' organization 1. was filed last year		No	
•	ned on another property located at		
G. Recommendation: 1. Approval		(give complete address including	zip code) (all)
	identify specific area to be denied)		
 Date			
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