EF-269-FIR-R02-0308-20000410-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

Inspection for ______, Assessor

By ______, Designee

	REGULAR ASSESSMENT		CO		559) 675-7654	warnmant/aa	oooor
	SUPPLEMENTAL ASSESSMENT			www.r	maderacounty.com/go	vernmeni/as	sessor
Info	rmation for Property No	Year: _					
Naı	ne of organization						
Add	lress of <i>this</i> property			et, city, zip code)			
	Owner only \Box Operator only \Box	Owner-Operator	Date of last ins	spection of property			
If cl	aimant is owner, name of operator is						
If cl	aimant is operator, name of owner is						
A.	Claimant is primarily:	O other (overlain					
_	(check only one) 1. charitable)				
В.	Use of property		-11				
	1. The primary activity the proper	<u> </u>					
	□ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain)	e, fraternal f, fund rais g, hospital h, housing	and lodge meeti ing	ngs i.	medical (not hosp recreational rehabilitation informational	vital)	
	2. Other activities the property is	used for are: a. List	letters used in E	31			
	b. Other(explain)						
	3. All or part (write in all or part with	here applicable) of th	e property is: a	. leased or rented _			
	b. vacant or unused	c. in c	excess of that re			d. us	sed to
	house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons						
	 In your opinion are services and 		?			☐ Yes	□ No
	If answer is yes , explain:						
	2. In your opinion do operations er	nnance anyone's priva	ate gain?			☐ Yes	∐ No
	If answer is yes , explain:3. In your opinion is the claimant's	proposed now conits	l investment if s	nny nagonany?		☐ Yes	□ No
	If answer is no , expl <mark>ain</mark> :	proposed new capita	ii irivesiment, ii a	iny, necessary?		res	NO
D.	Ownership of real property (as of	applicable lien date)	is recorded in e	xact name of claima	nt	☐ Yes ☐	☐ No
	If answer is no , explain:						
				_ Did owner file an	exemption claim?	☐ Yes ☐	☐ No
E.	Supplemental Assessment (in cla						_
	 Date of change in ownership 				Recorded	Yes	∐ No
	Ownership in name of claimant? 2. Date of completion of new cons						
	Explain what was constructed –						
	Date put to exempt use			If only	a portion of the pro	perty is pu	t to an
	exempt use, describe exempt a	nd nonexempt portior	ns in detail				
	4. Notice: date mailed						t mailed
	Date claim for exemption from S						
	Date first installment of supplem			nquent			
F.	A claim for veterans' organizatior			_			
	1. was filed last year $\;\square\;$ Yes $\;\square\;$	No 2. is new this	s year 🔲 Yes	□ No			
	3. was not filed last year, but claim	ned on another proper	ty located at	laive com	plete address including zip	code)	
G	Recommendation: 1 Approval					cou c)	
	Recommendation: 1. Approval	. ,		Domai	(part)	(all)	
	Reason for denial (if partial denial, i	identify specific area t	to be denied)				



Date ___