EF-269-FIR-R02-0308-20000246-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Brett Frazier Madera County Assessor

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ı ux.	000) 010 1004	
www	maderacounty.com/government/asse	1022

REGULAR ASSESSMENT	www.maderacount	ty.com/government/assessor
SUPPLEMENTAL ASSESSMENT Information for Property No.	Year:	
Name of organization		
Address of <i>this</i> property		
☐ Owner only ☐ Operator only ☐ C	(Street, City, ZID COde)	
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
A. Claimant is primarily:		
	2. other (explain)	
B. Use of property		
1. The primary activity the property	is used for is: (check only one)	
a. administration b. commercial c. educational d. farming m. other (explain)	□ e. fraternal and lodge meetings □ f. fund raising □ g. hospital □ h. housing □ l. information	nal tion
2. Other activities the property is us	sed for are: a. List letters used in B1	
b. Other(explain)		
	ere applicable) of the property is: a. leased or rented	
	c. in excess of that reasonably necessary	d. used to
house personnel whose presence		
C. Operation of property for benefit		Yes No
1. In your opinion are services and e	·	— L Yes L No
If answer is yes , explain: 2. In your opinion do operations enha		☐ Yes ☐ No
If answer is yes , explain:	since difference private gains	_ 100 _ 110
3. In your opinion is the claimant's profit of answer is no, explain:	roposed new capital investment, if any, necessary?	☐ Yes ☐ No
	opplicable lien date) is recorded in exact name of claimant	☐ Yes ☐ No
If answer is no , explain:		1
	Did owner file an exemption	claim?
E. Supplemental Assessment (in claim	nant's n <mark>am</mark> e):	
Date of change in ownership		orded
Ownership in name of claimant? -		
Date of completion of new constru		
Explain what was constructed —	If only a partian of	of the property is put to an
3. Date put to exempt use		
4. Notice: date mailed	I nonexempt portions in detail	
	pplemental Assessment was filed with Assessor	
	ntal tax bill becomes (became) delinquent	
F. A claim for veterans' organization e	·	
	No 2. is new this year ☐ Yes ☐ No	
	d on another property located at(give complete address in	
		ncluding zip code)
G. Recommendation: 1. Approval	2. Denial(part)	
	entify specific area to be denied)	, ,
Date	•	
	Bv	. Designee

