EF-269-FIR-R02-0308-20000131-1 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

П	DECLII AD ACCECCMENT		CO		(559) 675-7654		
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT			www	.maderacounty.com/go	wernment/a	issessor
Info	rmation for Property No	Year:					
Na	ne of organization						
Ad	dress of <i>this</i> property			eet, city, zip code)			
	Owner only		Date of last in	spection of property	<i>'</i>		
	aimant is owner, name of operator is						
	aimant is operator, name of owner is						
A.	Claimant is primarily: (check only one) ☐ 1. charitable	2. other (explain	)				
B.	Use of property						
	1. The <b>primary activity</b> the property is used for is: (check only one)						
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal f. fund rais g. hospital h. housing	and lodge meeting	ings j	i. medical (not hosp j. recreational k. rehabilitation l. informational	p <mark>i</mark> tal)	
	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 where applicable) of the property is: a. leased or rented  b. vacant or unused c. in excess of that reasonably necessary						
	C. Operation of property for ben  1. In your opinion are services and		?		;	☐ Yes	☐ No
	If answer is <b>yes</b> , explain:  2. In your opinion do operations el	nhance anvone's nriv	ate gain?			✓ ☐ Yes	□ No
	If answer is <b>yes</b> , explain:	indice differe o priv	ate gairr.			100	
	<ol> <li>In your opinion is the claimant's If answer is no, explain:</li> </ol>	proposed new capita	Il investment, if a	any, necessary?		☐ Yes	☐ No
D	Ownership of real property (as of	annlicable lien date	is recorded in e	exact name of claim	ant	☐ Yes	□ No
٥.	If answer is <b>no</b> , explain:			Add Hame of Slains	aric .		
	in anower to no, explain.			Did owner file ar	n exemption claim?	☐ Yes	□ No
E.	Supplemental Assessment (in cla	nimant's n <mark>am</mark> e):					
	<ol> <li>Date of change in ownership</li> <li>Ownership in name of claimant</li> </ol>				Recorded	☐ Yes	☐ No
	<ol><li>Date of completion of new cons</li></ol>	struction					
	Explain what was constructed  3. Date put to exempt use						
	exempt use, describe exempt a	nd nonexempt portion	ns in detail				
	4. Notice: date mailed					D No	ot mailed
	5. Date claim for exemption from S						
	<ol><li>Date first installment of supplen</li></ol>			nquent			
F.	A claim for veterans' organization	•					
	1. was filed last year ☐ Yes ☐	No 2. is new this	s year	☐ No			
	3. was not filed last year, but claim	ned on another prope	rty located at	(give co	mplete address including zip	code)	
G	Recommendation: 1 Approval					5000)	
J.	Recommendation: 1. Approval _	• •			(part)	(all	*
	Reason for denial (if partial denial,	identify specific area	to be denied)				



Date \_\_\_