		ER OF COM	Vincent P.	Nenoe
69-FIR-R02-0308-22000228- 269-FIR REV. 02 (03-08) VETERANS' ORGANIZATIO ASSESSOR'S FIELD INSPEC	N EXEMPTION		4982 10th St P.O. Box 35 Mariposa, CA Ph: (209) 966	-2332
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	IENT		Fax: (209) 966	j-5719
formation for Property No.		ar:		
Name of organization				
Address of <i>this</i> property				
Owner only Operator o	only Owner-Operator	(street, Date of last insp	ection of property	
f claimant is owner, name of ope				
f claimant is operator, name of c				
A. Claimant is primarily:				
(check only one) 1. ch	aritable 🗌 2. other <i>(exp</i>	lain)		
B. Use of property				
1. The primary activity th	e property is used for is: (a	check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) _ 	☐ f. fund r ☐ g. hospi ☐ h. housi		j. recre	cal (not hospital) ational pilitation national
2. Other activities the pr		List letters used in B1		
3. All or part (write in all of				
	C.		sonably necessary	d. used to
	e presence is not institutior	nally necessary		
C. Operation of property 1. In your opinion are serve	vices and expenses excess	sive?		Yes No
If answer is yes , explai				Yes No
2. In your opinion do oper	n:			
 In your opinion is the clinical structure of the structure of	aimant's <mark>propos</mark> ed new ca		y, necessary?	Yes No
 Ownership of real proper If answer is no, explain: 		ate) is recorded in exa	act name of claimant	☐ Yes ☐ No
· · · · · · · · · · · · · · · · · · ·			Did owner file an exemp	tion claim?
E. Supplemental Assessme				
1. Date of change in owne				Recorded 🗌 Yes 🗌 No
Ownership in name of of 2. Date of completion of n				
Explain what was cons				
3. Date put to exempt use			If only a porti	on of the property is put to an
	exempt and nonexempt por			
-	F.F.F.			
6. Date first installment of	supplemental tax bill beco	omes (became) delinq		
• A claim for veterans' orga	=		_	
1. was filed last year 🗌	Yes No 2. is new	this year 🗌 Yes [No	
3. was not filed last year,	but claimed on another pro	perty located at	(aive complete add	ress including zip code)
Recommendation: 1 An	oroval		12 1	- · · · ·
G. Recommendation: 1. Ap		, ,	. ,	
	denial, identify specific ar	ea to be denied)		
Reason for denial (if partial	, , ,	,		
Reason for denial (<i>if partial</i> Date				, Assesso

