	-FIR-R02-0308-22000115-1	STER OF CO	Vincent P. Kehoe County of Maripos	a Assessor/Record
VE	-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTI SESSOR'S FIELD INSPECTION REPO		4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	N.	Fax: (209) 966-5719	
	rmation for Property No.			
Na	me of organization			
	dress of <i>this</i> property Owner only	(str	eet, city, zip code)	
	aimant is operator, name of owner is			
	Claimant is primarily: (check only one) 1. charitable	2. other <i>(explain)</i>		
В.	Use of property1. The primary activity the property is	used for is: (check only one)		
	 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 j. recreational k. rehabilitation l. informational	ospital)
	2. Other activities the property is used for are: a. List letters used in B1			
	3. All or part (write in all or part where			
	 b. vacant or unused house personnel whose presence is 		easonably necessary	d. used to
	 C. Operation of property for benefit In your opinion are services and exp 	of persons		Yes No
	If answer is yes , explain:			
	2. In your opinion do operations enhar			🔤 🗌 Yes 🗌 No
	If answer is yes , explain:			
	 In your opinion is the claimant's pro If answer is no, explain: 			Yes No
D.	Ownership of real property (as of app If answer is no, explain:	licable lien date) is recorded in e	exact name of claimant	Yes No
_			Did owner file an exemption claim	? 🗌 Yes 🗌 No
E.	Supplemental Assessment (in claimar 1. Date of change in ownership		Recorded	🗌 Yes 🗌 No
	Ownership in name of claimant? —		Necolded	
	 Date of completion of new construct 			
	Explain what was constructed ——			
	3. Date put to exempt use		If only a portion of the p	property is put to an
	5. Date claim for exemption from Supp			
	6. Date first installment of supplementation or		inquent	
Γ.	A claim for veterans' organization ex			
	1. was filed last year Yes No	•		
	3. was not filed last year, but claimed of	on another property located at	(give complete address including	zip code)
G.	Recommendation: 1. Approval	(all)	_ 2. Denial	(all)
	Reason for denial (if partial denial, iden			. ,
	Date	Inspection for		
		-		

