-269-FIR-R02-0308-22000062-1 E-269-FIR REV. 02 (03-08)	Ster OF C	Vincent P. Kehoe County of Maripos 4982 10th St	a Assessor/Record
VETERANS' ORGANIZATION EXEL ASSESSOR'S FIELD INSPECTION F		P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		Fax: (209) 966-5719	
Information for Property No.			
Name of organization			
Address of <i>this</i> property	(§	street, city, zip code)	
Owner only Operator only	Owner-Operator Date of last	inspection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
	e 🗌 2. other <i>(explain)</i>		
B. Use of property1. The primary activity the properties the properties of the proper	rtv is used for is: <i>(check onlv one)</i>		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge me f. fund raising g. hospital h. housing 	etings i. medical (not ho j. recreational k. rehabilitation l. informational	ospital)
		n B1	
b. vacant or unused	where applicable) of the property is: c. in excess of that nee is not institutionally necessary	a. leased or rented reasonably necessary	d. used to
C. Operation of property for ber1. In your opinion are services an	nefit of persons		Yes No
If answer is yes , explain:			
2. In your opinion do operations e			Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant's If answer is no , explain:	s <mark>propose</mark> d new cap <mark>ita</mark> l investment, i	if any, necessary?	Yes No
D. Ownership of real property (as o If answer is no , explain:		n exact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption claim	? 🗌 Yes 🗌 No
 E. Supplemental Assessment (in cla 1. Date of change in ownership) 		Recorded	🗌 Yes 🗌 No
Ownership in name of claimant 2. Date of completion of new const	struction		
Explain what was constructed - 3. Date put to exempt use		If only a portion of the	
4. Notice: date mailed			Not mailed
		l with Assessor elinquent	
F. A claim for veterans' organizatio		·	
-	☐ No 2. is new this year ☐ Ye	s 🗌 No	
•	ned on another property located at _		-in de)
G. Recommendation: 1. Approval _		(give complete address including	. ,
		(part)	(all)
Date	-		
	Ву		, Designe

