EF-269-FIR-R02-0308-23000055-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

\Box	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		1 4.1. (101) 100 0001	
Info		Year:		
Na	me of organization			
Ad	dress of <i>this</i> property	(stre		
	Owner only \Box Operator only \Box	Owner-Operator Date of last in:	spection of property	
If c	laimant is owner, name of operator is			
If c	laimant is operator, name of owner is			
	• •	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 meet f. fund raising g. hospital h. housing	i. medical (not how j. recreational k. rehabilitation l. informational	<mark>spit</mark> al)
	* * *	used for are: a. List letters used in I	B1	
	b. Other(explain)			
	b. vacant or unused house present	c. in excess of that receis not institutionally necessary	a. leased or rentedeasonably necessary	d. used to
	C. Operation of property for benderation of property for benderation of property for benderation of the property for benderation of property f	expenses excessive?		Yes No
	If answer is yes , explain:			Yes No
		Manas anjones pinans gamin		
	3. In your opinion is the claimant's If answer is no , explain:	proposed new capital investment, if a	any, necessary?	☐ Yes ☐ No
D.	Ownership of real property (as of	applicable lien date) is recorded in e	exact name of claimant	☐ Yes ☐ No
	If answer is no , explain:			
_	Supplemental Assessment (in alc	iment's paras);	Did owner file an exemption claim?	? ∐ Yes ∐ No
⊏.	Supplemental Assessment (in claim 1. Date of change in ownership		Recorded	☐ Yes ☐ No
	Ownership in name of claimant? 2. Date of completion of new const			
	Explain what was constructed –			
	3. Date put to exempt use		If only a portion of the p	
	Notice: date mailed Date claim for exemption from S		vith Assessor	
6. Date first installment of supplemental tax bill becomes (became) delinquentF. A claim for veterans' organization exemption on this property:				
		No 2. is new this year ☐ Yes	□ No	
			(give complete address including z	
G			(give complete address including z	zip code)
J.	Recommendation: 1. Approval	(all)	(part)	(all)
	Reason for denial (if partial denial, i			
	Date			
		·		. Designee