-269-FIR-R02-0308-29000139-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIC ASSESSOR'S FIELD INSPECTION REPOR	34	Rolf D. Kleinhans Nevada County Ass 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-79 Telephone (530) 265-1232	902
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	Voor	Fax (530) 265-9858 assessor@nevadacountyc	
Information for Property No.			
Name of organization			
Address of <i>this</i> property Owner only Operator only Own	(stree	et, city, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable	2. other <i>(explain)</i>		
B. Use of property			
1. The primary activity the property is u a. administration b. commercial c. educational d. farming	used for is: (<i>check only one)</i> e. fraternal and lodge meeti f. fund raising g. hospital h. housing	ngs i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
 m. other (<i>explain</i>) 2. Other activities the property is used 	I for are: a. List letters used in E	31	
			_
 All or part (write in all or part where b. vacant or unused 	c. in excess of that re		d. used to
house personnel whose presence is C. Operation of property for benefit o 1. In your opinion are services and expe	of persons		Yes 🗌 N
If answer is yes , explain: 2. In your opinion do operations enhance			Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant's prop If answer is no , explain:	osed new capital investment, if a	iny, necessary?	Yes No
D. Ownership of real property (as of appli If answer is no, explain:	.c <mark>able lien date</mark>) is recorded in e	xact name of claimant	Yes N
		Did owner file an exemption claim?	🗌 Yes 🗌 No
 E. Supplemental Assessment (in claimant 1. Date of change in ownership 		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? — 2. Date of completion of new construction	on		
Explain what was constructed 3. Date put to exempt use		If only a portion of the p	
4. Notice: date mailed			🗌 Not mail
6. Date first installment of supplemental	I tax bill becomes (became) delir	ith Assessor	
F. A claim for veterans' organization exe 1. was filed last year Yes No		□ No	
3. was not filed last year, but claimed or	n another property located at	(give complete address including z	in code)
G. Recommendation: 1. Approval	(all)		(all)
Reason for denial (if partial denial, identia	fy specific area to be denied)		
Date	'		, Assess
	Ву		, Design

