269-FIR-R02-0308-30000256-1 -269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEI ASSESSOR'S FIELD INSPECTION R		Claude Parrish Orange County Ass Civic Center Plaza, Buildir 625 N. Ross Street, Room P.O. Box 628 Santa Ana, CA 92702-062 (714) 834-5945	ng 11 142
SUPPLEMENTAL ASSESSMENT	Year:	www.ocgov.com/assessor	
Name of organization			
Address of <i>this</i> property			
	(stre	eet, city, zip code) spection 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 property			
1. The <b>primary activity</b> the prope		_	
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>e. fraternal and lodge meet</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	tings i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
2. Other activities the property is	s used for are: a. List letters used in	B1	
b. Other <i>(explain)</i>			
	where applicable) of the property is:		_
	c. in excess of that re	easonably necessary	d. used to
	nce is not institutionally necessary		
<ul> <li>C. Operation of property for ber</li> <li>1. In your opinion are services an</li> </ul>	d expenses excessive?		Yes 🗆 N
If answer is <b>yes</b> , explain:			Yes 🗆 N
<ol> <li>In your opinion do operations e If answer is yes, explain:</li> </ol>			
	s <mark>propose</mark> d new cap <mark>ita</mark> l investm <mark>en</mark> t, if a	any, necessary?	🗌 Yes 🗌 N
D. <b>Ownership of real property</b> (as o If answer is <b>no</b> , explain:		exact name of claimant	🗌 Yes 🗌 N
		Did owner file an exemption claim?	Yes 🗆 N
E. Supplemental Assessment (in cla	aimant's n <mark>am</mark> e):		
1. Date of change in ownership _		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant			
2. Date of completion of new cons			
Explain what was constructed - 3. Date put to exempt use		If only a portion of the p	
exempt use, describe exempt a			
4. Notice: date mailed		with Assassor	
<ol> <li>Notice: date mailed</li> <li>Date claim for exemption from</li> </ol>	Supplemental Assessment was filed v		
<ol> <li>Notice: date mailed</li></ol>	mental tax bill becomes (became) deli	nquent	
<ol> <li>Notice: date mailed</li></ol>	mental tax bill becomes (became) deli on exemption on <i>this</i> property:	nquent	
<ul> <li>4. Notice: date mailed</li></ul>	mental tax bill becomes (became) deli on exemption on <i>this</i> property: No 2. is new this year Yes	nquent	
<ul> <li>4. Notice: date mailed</li></ul>	mental tax bill becomes (became) deli on exemption on <i>this</i> property: No 2. is new this year Yes	nquent	
<ul> <li>4. Notice: date mailed</li></ul>	mental tax bill becomes (became) deli on exemption on <i>this</i> property: No 2. is new this year Yes med on another property located at	nquent No (give complete address including z	ip code)
<ul> <li>4. Notice: date mailed</li></ul>	mental tax bill becomes (became) deli on exemption on <i>this</i> property: No 2. is new this year Yes med on another property located at (all)	nquent No (give complete address including z	ip code) (all)
<ul> <li>4. Notice: date mailed</li></ul>	mental tax bill becomes (became) deli on exemption on <i>this</i> property: No 2. is new this year Yes med on another property located at (all) identify specific area to be denied)	nquent No (give complete address including z 2. Denial	ip code) (all)

