269-FIR-R02-0308-33000342-1 -269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPT ASSESSOR'S FIELD INSPECTION REPO		Peter Aldana Assessor-County C County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200	
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT     Information for Property No	Voor	https://www.asrclkrec.com	n/
Name of organization			
Address of <i>this</i> property Owner only Operator only Ov	(stree	t, 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 <b>primary activity</b> the property is			_
<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 meetin</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	ngs i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
2. Other activities the property is use	ed for are: a. List letters used in B	1	
			_
3. All or part (write in all or part wher			_
b. vacant or unused		asonably necessary	d. used to
house personnel whose presence i			
<ul> <li>C. Operation of property for benefit</li> <li>1. In your opinion are services and ex</li> </ul>	penses excessive?		Yes 🗆 N
If answer is <b>yes</b> , explain: 2. In your opinion do operations enha			Yes 🗆 N
If answer is <b>yes</b> , explain:	nce anyone's private gain?		
<ol> <li>In your opinion is the claimant's pro If answer is no, explain:</li> </ol>	pposed new capital investment, if a	ny, necessary?	🗌 Yes 🗌 N
D. Ownership of real property (as of ap If answer is no, explain:	olicable lien date) is recorded in ex	kact name of claimant	🗌 Yes 🗌 N
		_ Did owner file an exemption claim?	Yes 🗆 N
E. Supplemental Assessment (in claima	int's name):		
<ol> <li>Date of change in ownership</li> </ol>		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant?			
2. Date of completion of new construct			
Explain what was constructed —		If only a portion of the p	reportu io put to o
3. Date put to exempt use			
4. Notice: date mailed			
		th Assessor	
6. Date first installment of supplement			
F. A claim for veterans' organization ex		·	
1. was filed last year 🗌 Yes 🗌 N		🗌 No	
3. was not filed last year, but claimed			
G. Recommendation: 1. Approval	(all)	∠. Deniai (part)	(all)
Reason for denial (if partial denial, ider			
_			
Date			,7,00000

