269-FIR-R02-0308-33000349-1 -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	Voor:	https://www.asrclkrec.com	/
Information for Property No			
Name of organization			
Address of <i>this</i> property	(stree	et, city, zip code)	
Owner only Operator only Ov			
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	s used for is: (check only one)	_	_
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meeting f. fund raising g. hospital h. housing 	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 E	31	
3. All or part (write in all or part when			_
b. vacant or unused		asonably necessary	d. used to
house personnel whose presence i			
 C. Operation of property for benefit 1. In your opinion are services and ex 	penses excessive?		Yes 🗆 N
If answer is yes , explain: 2. In your opinion do operations enha			Yes 🗆 N
If answer is yes , explain:	nce anyone's private gain?		
 In your opinion is the claimant's pro If answer is no, explain: 	pposed new capital investment, if a	ny, necessary?	🗌 Yes 🗌 N
D. Ownership of real property (as of app If answer is no, explain:	blicable lien date) is recorded in ex	xact name of claimant	🗌 Yes 🗌 N
		_ Did owner file an exemption claim?	🗌 Yes 🗌 N
E. Supplemental Assessment (in claima	int's name):		
 Date of change in ownership 		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 pl	roporty is put to a
3. Date put to exempt use			
4. Notice: date mailed			
		ith Assessor	
6. Date first installment of supplement			
F. A claim for veterans' organization ex			
1. was filed last year 🗌 Yes 🗌 No		🗌 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	Inspection for		, Assess

