269-FIR-R02-0308-33000121-1 -269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIO ASSESSOR'S FIELD INSPECTION REPOR		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	/
Name of organization			
Address of <i>this</i> property Owner only Operator only Owner	(street,	city, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2	2. other <i>(explain)</i>		
B. Use of property			
1. The primary activity the property is u	used for is: (check only one)		
a. administration b. commercial c. educational d. farming m. other (explain)	 e. fraternal and lodge meeting f. fund raising g. hospital h. housing 	gs i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
2. Other activities the property is used	for are: a. List letters used in B1		
3. All or part (write in all or part where a			
b. vacant or unused		sonably necessary	d. used to
house personnel whose presence is r			
 C. Operation of property for benefit of 1. In your opinion are services and expension 	enses excessive?		Yes 🗆 N
If answer is yes , explain:			Yes 🗌 N
 In your opinion do operations enhance If answer is yes, explain: 	e anyone's private gain?		
 In your opinion is the claimant's propo If answer is no, explain: 	osed new capital investment, if an	y, necessary?	🗌 Yes 🗌 N
D. Ownership of real property (as of applied lf answer is no, explain:	cable lien date) is recorded in exa	act name of claimant	🗌 Yes 🗌 N
		Did owner file an exemption claim?	🗌 Yes 🗌 N
E. Supplemental Assessment (in claimant	's name):		
1. Date of change in ownership		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? —			
2. Date of completion of new construction			
Explain what was constructed ——		If only a partian of the part	
3. Date put to exempt use		If only a portion of the pi	
exempt use, describe exempt and nor 4. Notice: date mailed			
5. Date claim for exemption from Supple			
 Date claim for exemption non oupple Date first installment of supplemental 			
F. A claim for veterans' organization exer		· · · · ·	
1. was filed last year 🗌 Yes 🗌 No		🗌 No	
3. was not filed last year, but claimed on			
G. Recommendation: 1. Approval	(all)	2. Denial [part]	(all)
Reason for denial (if partial denial, identif			
Date	Inspection for		, Assess

