F-269-FIR-R02-0308-34000328-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMI ASSESSOR'S FIELD INSPECTION RE	and the second sec	CHRISTINA WYNN SACRAMENTO CO INSTITUTIONAL EXEMP 3636 American River Driv Sacramento, CA 95864- Phone (916) 875-0720	PTIONS SECTION ve, Suite 200
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	Veer	FAX (916) 854-9181 https://assessor.saccoun	ty.gov
Information for Property No.			
Name of organization			
Address of <i>this</i> property	(stre	eet, city, zip code)	
□ Owner only □ Operator only □			
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
	□ 2. other (<i>explain</i>)		
 B. Use of property 1. The primary activity the propert 	v is used for is: <i>(check onlv one)</i>		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meet f. fund raising g. hospital h. housing 	ings i. medical (not ho i. medical (not ho j. recreational k. rehabilitation l. informational	ospital)
		B1	
	nere applicable) of the property is: c. in excess of that re ce is not institutionally necessary		d. used to
 C. Operation of property for bene In your opinion are services and 	efit of persons expenses excessive?		Yes No
If answer is yes , explain: 2. In your opinion do oper <mark>ations</mark> en If answer is yes , explain:	hance anyone's private gain?		Yes 🗌 No
 In your opinion is the claimant's If answer is no, explain: 	proposed new capital investment, if	any, necessary?	Yes No
D. Ownership of real property (as of a lf answer is no, explain:	applica <mark>ble lien date</mark>) is reco <mark>rde</mark> d in e		Yes No
C. Supplemental Assessment (in alai		Did owner file an exemption claim	? 🗌 Yes 🗌 No
 E. Supplemental Assessment (in claim 1. Date of change in ownership Ownership in name of claimant? 		Recorded	🗌 Yes 🗌 No
2. Date of completion of new constr	ruction		
Explain what was constructed — 3. Date put to exempt use		If only a portion of the p	
4. Notice: date mailed			🗌 Not maile
		vith Assessor nquent	
F. A claim for veterans' organization			
1. was filed last year 🗌 Yes 🗌	No 2. is new this year \Box Yes		
3. was not filed last year, but claime	ed on another property located at	(give complete address including	
G. Recommendation: 1. Approval			zip code) (all)
Date	Inspection for		
	Ву		, Designe

