house personnel whose presence is not institutionally necessary	E-269	-FIR-R02-0308-35000152-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor
Address of this property	Info		
Address of this property	Nai	ne of organization	
□ Owner only □ Owner-Operator Date of last inspection of property If daimant is owner, name of operator is If daimant is owner, name of owner is If daimant is operator, name of owner is If daimant is owner, name of owner is A Claimant is owner, name of owner is If daimant is owner only one) I a. administration I a. for the property I The primary activity the property is used for is: (check only one) I is medical (not hospital) D to commercial I f fund raising I is medical (not hospital) D to commercial I f und raising I informational I m. other (explain) I informational I informational D ther activities the property is used for are: a. List letters used in B1 I informational D. Other(explain) S. All or part (write in all or pati where applicable) of the property is: a. leased or rented D. vacant or unused i o in excess of that reasonably necessary d. u h ouse personnel whose presence is not institutionally recessary I so your opinon do operations enhance anyone's private gain? Y es I in your opinon do operations enhance anyone's private gain? I vess explain: Y es I ny our opinon do operations enhance anyone's private gain? I vess Y es	Ado	dress of <i>this</i> property	at aits min andal
If claimant is owner, name of owner is A. Claimant is operator, name of owner is A. Claimant is primarity: (check only one) 1. The primary activity the property is used for is: (check only one) a. administration at fraternal and todge meetings b. commercial fraternal and todge meetings c. educational fraternal and todge meetings b. commercial fraternal and todge meetings c. educational fraternal and todge meetings d. the fraternal and todge meetings is received meeting c. educational fraternal and todge meetings d. to faming h. housing d. to faming h. housing d. to faming is nother (seplan) 3. All or part (write find and todge meetings) fraternal and todge meetings f. In your opinon are services and expenses exclusion fraternal and todge meetings f. nouse personnel whose presence is not institutionally recessary fres f. nous		Owner only Operator only Owner-Operator Date of last in	spection of property
If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. The primary activity the property is used for is: (check only one) a. administration b. commercial c. educational c. ducational d. tarming n. other (explain) 3. All or part where applicable) of the property is: a leased or rented b. vacant or unused c. he excess of that reasonably necessary c. Operation of property for benefit of persons 1. In your opinion do operations enhance anyonels private gain? 1. In your opinion is the claimant's proposed new capital investment, if any, increasary? 1. In your opinion is the claimant's proposed new capital investment, if any, increasary? 1. No your opinion is the palantic D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant f answer is yoe, explai			
A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) a. administration el frafernal and fodge meetings h. medical (not hospital) b. commercial f. fruid raising h. medical (not hospital) c. educational g. hospital h. reneabilitation c. educational g. hospital h. reneabilitation c. educational g. hospital h. reneabilitation c. ducational n h. reneabilitation h. reneabilitation d. to repart (write in all or part where applicable) of the property is: a. leased or rented h. vacant or unused c. in excess of that reasonably necessary d 1. In your opinion are services and expenses excessive? f. framewer is yes, explain: s 2. In your opinion are services and expenses excessive? f framswer is no, explain: 1. In your opinion are services and expenses excessive? f framswer is no, explain: <		aimant is operator, name of owner is	
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b. vacant or unused c. in excess of that reasonably necessary d. u house personnel whose presence is not institutionally necessary d. u C. Operation of property for benefit of persons		b. Other(explain)	
C. Operation of property for benefit of persons In your opinion are services and expenses excessive? Yes If answer is yes, explain: Yes 2. In your opinion do operations enhance anyone's private gain? Yes if answer is yes, explain: Yes 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes if answer is no, explain: Downership of real property (as of applicable lien date) is recorded in exact name of claimant Yes If answer is no, explain: Did owner file an exemption claim? Yes If answer is no, explain: Did owner file an exemption claim? Yes If answer is no, explain: Did owner file an exemption claim? Yes If answer is no, explain: Did owner file an exemption claim? Yes 0. Date of change in ownership Recorded Yes 0. Date of change in ownership Recorded Yes 0. Date of completion of new construction Explain what was constructed If only a portion of the property is p 9. Date claim for exempt use If only a portion of the property is p exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed So Date claim for exemption from Supplemental Assessment was filed with Assessor No <td></td> <td>b. vacant or unused c. in excess of that re</td> <td></td>		b. vacant or unused c. in excess of that re	
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3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes If answer is no, explain:		2. In your opinion do operations enhance anyone's private gain?	Yes No
If answer is no, explain: Did owner file an exemption claim? Yes E. Supplemental Assessment (in claimant's name): Recorded Yes 1. Date of change in ownership Recorded Yes Ownership in name of claimant? Recorded Yes 2. Date of completion of new construction Recorded Yes Supplemental Assessment use If only a portion of the property is p exempt use, describe exempt and nonexempt portions in detail Notice: date mailed N 5. Date claim for exemption from Supplemental Assessment was filed with Assessor N 6. Date first installment of supplemental tax bill becomes (became) delinquent N 7. A claim for veterans' organization exemption on this property: N 1. was not filed last year, but claimed on another property located at (give complete address including zip code) G. Recommendation: 1. Approval (all) 2. Denial (part) (all)		 In your opinion is the claimant's proposed new capital investment, if a fanswer is no, explain: 	
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G. Recommendation: 1. Approval 2. Denial (all)			
Reason for denial (if partial denial, identify specific area to be denied)			(give complete address including zip code)
Reason for denial (if partial denial, identify specific area to be denied)	G.	Recommendation: 1. Approval	2. Denial (part) (all)
		Reason for denial (if partial denial, identify specific area to be denied)	
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