	CORDER	Josie Gonzales	
2-269-FIR-R02-0308-36000249-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT		Assessor-Recorder- County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4 San Bernardino, CA 92415	th Floor
REGULAR ASSESSMENT		www.sbcounty.gov/arc	-0311
SUPPLEMENTAL ASSESSMENT		Phone: (909) 387-8307	
Information for Property No.		Toll Free: (877) 885-7654	
Name of organization			
Address of <i>this</i> property	(street, c	sity, zip code)	
Owner only Operator only Owner-Op	perator Date of last inspe	ection of property	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2. oth	ier (explain)		
B. Use of property			
1. The primary activity the property is used t	for is: (check only one)	_	
b. commercial f.	 fraternal and lodge meeting: fund raising hospital housing 	s i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property is used for a	re: a. List letters used in B1.		
b. Other(<i>explain</i>)			
3. All or part (write in all or part where applied			
b. vacant or unused		onably necessary	d. used to
house personnel whose presence is not in C. Operation of property for benefit of per 1. In your opinion are services and expenses	sons		
If answer is yes , explain:			
2. In your opinion do operations enhance any			🛛 🗌 Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant's proposed		, necessary?	Yes N
If answer is no , explain: D. Ownership of real property (as of applicable If answer is no , explain:	lien date) is recorded in exac	ct name of claimant	Yes N
		Did owner file an exemption claim?	Yes N
E. Supplemental Assessment (in claimant's na			
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 portion of the pr	
exempt use, describe exempt and nonexe 4. Notice: date mailed			
 5. Date claim for exemption from Supplement 			
 Date diaminer exemption non ouppenden Date first installment of supplemental tax to 			
F. A claim for veterans' organization exemption			
1. was filed last year 🗌 Yes 🗌 No 2.		No	
3. was not filed last year, but claimed on ano	•		
-		(give complete address including zij	b code)
G. Recommendation: 1. Approval	(all)	2. Denial (part)	(all)
Reason for denial (if partial denial, identify spe			
Date	Inspection for		, Assess
	Ву		, Design

