EF-269-FIR-R02-0308-38000345-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Joaquin Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

	R ASSESSMENT MENTAL ASSESSMENT					0010000
Information for Property No Year:						
	anization					
Address of th	nis property		, ,			
Owner onl	y 🗌 Operator only 🗀	Owner-Operator	Date of last ins	et, city, zip code) spection of prope	erty	
If claimant is o	wner, name of operator is					
If claimant is o	perator, name of owner is					
A. Claimant (check on	is primarily: aly one) □ 1. charitable	2. other (explain)(r			
B. Use of pr						
1. The pr	rimary activity the prope	rty is used for is: <i>(che</i>	ck only one)			_
□ b. □ c. □ d.	administration commercial educational farming other (explain)	e. fraternal f. fund rais g. hospital h. housing		ngs	i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other	activities the property is	used for are: a. Lis	t letters used in E	31		
b. va	part (write in all or part we cant or unused personnel whose presen	c. in	excess of that re-			d. used to
1. In you	ation of property for ben or opinion are services and	d expenses excessive	2?			☐ Yes ☐ No
	wer is yes , explain: ir opinion do oper <mark>ations e</mark>		rate gain?			▼ □ Yes □ No
-	wer is yes , expla <mark>in</mark> :	inance anyone's priv	ate gairr:			
3. In you	r opinion is the claimant's wer is no , explain:	s <mark>propose</mark> d new cap <mark>it</mark> a	al investment, if a	ny, necessary?		☐ Yes ☐ No
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant						
If answer is no , explain:						
				_ Did owner file	an exemption claim?	☐ Yes ☐ No
	ental Assessment (in cla					
	of change in ownership _				Recorded	☐ Yes ☐ No
2. Date of	rship in name of claimant of completion of new cons	struction				
	in what was constructed - out to exempt use			If	only a portion of the pr	operty is put to an
exemp	ot use, describe exempt a	and nonexempt portion	ns in detail			
	e: date mailed					
	claim for exemption from					
	irst installment of supplen			quent		
	or veterans' organizatio					
	led last year ☐ Yes ☐					
3. was n	ot filed last year, but clain	ned on another prope	rty located at	(give	complete address including zip	
	endation: 1. Approval _			2. Denial		
	or denial (if partial denial,	. ,			(part)	(all)
Date		Ins	•			
			Bv			. Designee