EF-269-FIR-R02-0308-42000175-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

| | for Property No. | Voor | | |
|--|--|--|--|-----------------------|
| Information for Property No Year: | | | | |
| Name of organization | | | | |
| Address of <i>this</i> property | | | | |
| | | · | spection of property | |
| | | | | |
| If claimant i | s operator, name of owner is | | | |
| | nt is primarily: only one) □ 1. charitable □ : | 2. other (explain) | | |
| B. Use of property | | | | |
| The primary activity the property is used for is: (check only one) | | | | |
| | a. administration b. commercial c. educational d. farming m. other (explain) | e. fraternal and lodge meet f. fund raising g. hospital h. housing | j. recreational k. rehabilitation l. informational | 4 |
| 2. Other activities the property is used for are: a. List letters used in B1 | | | | |
| 3. All b. hou | or part (write in all or part where vacant or unused se personnel whose presence is | c. in excess of that renot institutionally necessary | a. leased or rentedeasonably necessary | d. used to |
| 1. In y | eration of p <mark>roperty for benefit o</mark> our opinion are services and expe | enses excessive? | | ☐ Yes ☐ No |
| | nswer is yes , explain: our opinion do oper <mark>ations en</mark> hand | | | Yes No |
| | nswer is yes , expla <mark>in:</mark> | ce arryone's private gain! | | |
| 3. In y | our opinion is the claimant's propensiver is no , explain: | osed new capital investment, if a | any, necessary? | ☐ Yes ☐ No |
| D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant | | | | |
| | er is no , explain: | | | |
| | | | Did owner file an exemption claim? | Yes No |
| E. Supple | mental Assessment (in claimant | i's name): | | |
| 1. Dat | e of change in ownership | | Recorded | ☐ Yes ☐ No |
| | nership in name of claimant? — | | | |
| | e of completion of new construction | on | | |
| 3. Dat | lain what was constructed ——— e put to exempt use | | If only a portion of the p | property is put to an |
| | | | | |
| | ice: date mailed | | ************************************** | |
| | | | vith Assessor | |
| 6. Date first installment of supplemental tax bill becomes (became) delinquentF. A claim for veterans' organization exemption on this property: | | | | |
| | if filed last year \square Yes \square No | | □ No | |
| | | | | |
| 3. was | s not filed last year, but claimed or | n another property located at | (give complete address including a | zip code) . |
| | mendation: 1. Approval | | | (all) |
| Reason for denial (if partial denial, identify specific area to be denied) | | | | |
| | | | | |
| Date _ | | · | | |
| | | By | | , Designee |

