F-269-FIR-R02-0308-45000369-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIO ASSESSOR'S FIELD INSPECTION REPOR		LESLIE MORGAN ASSESSOR-RECOR 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636	
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT     Information for Property No.	Year:	Intra_County toll free: 1(800	0)479-8009
Name of organization			
Address of <i>this</i> property	(strac	at city zin code)	
Owner only Operator only Owner	er-Operator Date of last ins	spection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2	2. other <i>(explain)</i>		
B. Use of property			
1. The <b>primary activity</b> the property is u			_
a. administration         b. commercial         c. educational         d. farming         m. other (explain)	<ul> <li>e. fraternal and lodge meeti</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	ngs i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property is used	for are: a. List letters used in E		
<ol> <li>All or part (write in all or part where a b. vacant or unused house personnel whose presence is r</li> </ol>	c. in excess of that re		d. used to
<ul> <li>C. Operation of property for benefit of</li> <li>1. In your opinion are services and expe If answer is yes, explain:</li> </ul>	persons nses excessive?		Yes 🗌 No
<ol> <li>In your opinion do operations enhance If answer is yes, explain:</li> </ol>			Yes 🗌 No
<ol> <li>In your opinion is the claimant's proper If answer is no, explain:</li> </ol>	osed new capital investment, if a	ny, necessary?	Yes No
D. Ownership of real property (as of applic If answer is no, explain:	able lien date) is reco <mark>rd</mark> ed in e		└ Yes └ No
E. Supplemental Assessment (in claimant'		_ Did owner file an exemption claim?	🗌 Yes 🗌 No
Supplemental Assessment (in claimant     1. Date of change in ownership     Ownership in name of claimant?		Recorded	🗌 Yes 🗌 No
2. Date of completion of new construction     Explain what was constructed —	in		
3. Date put to exempt use		If only a portion of the pro-	
4. Notice: date mailed			_
5. Date claim for exemption from Supple	emental Assessment was filed w	ith Assessor	
6. Date first installment of supplemental			
F. A claim for veterans' organization exer			
1. was filed last year  Yes  No			
3. was not filed last year, but claimed on			o code)
G. Recommendation: 1. Approval			
Reason for denial (if partial denial, identif	y specific area to be denied)		
 Date	Increation for		
	1		
	ву		, Designe

