EF-269-FIR-R02-0308-53000224-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Shanna White County Clerk-Recorder-Assessor

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REGULAR ASSESSMENT		assessor@trinitycounty.org	g
SUPPLEMENTAL ASSESSMENT	V		
Information for Property No			
Address of this property			
Address of <i>tins</i> property	(stre	eet, city, zip code)	
		espection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
	e 🗌 2. other <i>(explain)</i>		
B. Use of property			
	erty 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	i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
	s used for are: a. List letters used in	B1	
b. Other(explain)			_
b. vacant or unused house personnel whose prese	c. in excess of that rence is not institutionally necessary	a. leased or rentedeasonably necessary	d. used to
C. Operation of property for be 1. In your opinion are services ar	nd expenses excessive?		☐ Yes ☐ No
If answer is yes , explain: 2. In your opinion do operations e			Yes No
	entiance anyone s private gain:		
	s proposed new cap <mark>ital investment, if a</mark>	any, necessary?	☐ Yes ☐ No
D. Ownership of real property (as o		exact name of claimant	☐ Yes ☐ No
If answer is no , explain:			
		Did owner file an exemption claim?	Yes 🗆 No
E. Supplemental Assessment (in cl1. Date of change in ownership _		Recorded	☐ Yes ☐ No
Ownership in name of claiman 2. Date of completion of new con	t?		
Explain what was constructed 3. Date put to exempt use		If only a portion of the pr	roperty is put to an
		in only a portion of the pr	
Notice: date mailed			
		with Assessor	
		inquent	
F. A claim for veterans' organization			
	☐ No 2. is new this year ☐ Yes		
3. was not filed last year, but clair	med on another property located at	(give complete address including z	
			ip code)
G. Recommendation: 1. Approval _	(all)	2. Denial	(all)
Reason for denial (if partial denial,			
Date			
	•		. Designe