EF-269-FIR-R02-0308-55000173-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Kaenan Whitman **Tuolumne County Assessor - Recorder**

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

	REGULAR ASSESSMENT	410	Email: assessor@tuolumnecounty.ca.gov
L	SUPPLEMENTAL ASSESSMENT	Voor	
		Year:	
Ada	dress of this property	(stree	
	Owner only Operator only	Owner Operator Date of last inc	t, city, zip code) pection of property
	aimant is owner, name of operator is		
	•		
	aimant is operator, name of owner is Claimant is primarily:		
Α.		2. other (explain)	
B.	Use of property		
	1. The primary activity the propert	ry is used for is: (check only one)	
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meetin f. fund raising g. hospital h. housing	i. medical (not hospital) j. recreational k. rehabilitation l. informational
		used for are: a. List letters used in B	1
	3. All or part (write in all or part who b. vacant or unused	there applicable) of the property is: a. c. in excess of that reace is not institutionally necessary	leased or rented d. used to
	C. Operation of property for bene 1. In your opinion are services and	expenses excessive?	☐ Yes ☐ No
	If answer is yes , explain: 2. In your opinion do operations en		☐ Yes ☐ No
		July 3	
	3. In your opinion is the claimant's If answer is no , explain:	proposed new capital investment, if a	ny, <mark>n</mark> ece <mark>ss</mark> ary?
D.		applicable lien date) is recorded in ex	vact name of claimant
	If answer is no , explain:		
			$_{-}$ Did owner file an exemption claim? $\ \square$ Yes $\ \square$ No
	Supplemental Assessment (in clai		Recorded Yes No
	 Date of change in ownership Ownership in name of claimant? 		Recorded Li Yes Li No
	 Date of completion of new const 		
	Explain what was constructed —		
	Date put to exempt use		If only a portion of the property is put to an
	Notice: date mailed	nd nonexempt portions in detail	□ Not maile
			th Assessor
			quent
	A claim for veterans' organization		
		No 2. is new this year ☐ Yes	
	3. was not filed last year, but claim	ed on another property located at	(give complete address including zip code)
	Recommendation: 1. Approval		2 Denial
		(all)	(part) (all)
	Date	Inspection for	, Assesso
		By	Designe