	NIZATION EXEMPTION	WILDOR COLO	James B Rooney Assessor of Amac 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721	lor County
			TAX. (203) 223-0721	
SUPPLEMENTAL	rty No.	Year:		
Name of organization	-			
Address of <i>this</i> prop	erty			
Owner only	Operator only Owner-Ope	(stree rator Date of last inst	t, city, zip code) pection of property	
If claimant is owner, na				
If claimant is operator,				
A. Claimant is prima	arily:			
B. Use of property				
1. The primary a	activity the property is used for	is: (check only one)		
 □ a. admin □ b. comm □ c. educa □ d. farmin □ m. other (ercialf. f tionalg. f gh. f (explain)	fraternal and lodge meetir fund raising hospital housing	j. recreational k. rehabilitation l. informational	
2. Other activit			1	
b. Other(exp				
b. vacant or	vrite in all or part where applical unused mel whose presence is not insti	_ c. in excess of that rea		d. used to
C. Operation of 1. In your opinio	property for benefit of perso on are services and expenses e	ins		Yes No
-	es , explain: on do oper <mark>ations en</mark> hance anyoi	ne's private gain?		Yes 🗌 No
If answer is y	es, explain:			
If answer is n				Yes No
D. Ownership of re If answer is no , e	al property (as of applicable lie explain:	en date) is recorded in ex		
E Supplemental A	ssessment (in claimant's name		 Did owner file an exemption claim 	n? 🗌 Yes 🗌 No
1. Date of chang	ge in ownership	=).	Recorded	🗌 Yes 🗌 No
2. Date of comp	letion of new construction			
3. Date put to ex	was constructed		If only a portion of the	
			11. A	
			th Assessor	
	rans' organization exemption		quent	
	year \Box Yes \Box No 2. is			
	last year, but claimed on anothe	•		
	on: 1. Approval		(give complete address including	(all)
			(par)	
Date				
		Ву		, Designe

