EF-269-FIR-R02-0308-03000220-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

Information for Property No. Year: Name of organization		SUPPLEMENTAL ASSESSMENT	Vacan				
Address of this property							
Owner only Operator only Owner-Operator Date of last inspection of property	Name	e of organization					
Owner only Operator only Owner-Operator Date of last inspection of property	Addre	ess of <i>this</i> property	(stree	et, city, zip code)			
If claimant is operator, name of owner is A. Claimant is primarily: (check only one)	∐ Ov	wner only $\ igsquare$ Operator only $\ igsquare$ Owne	r-Operator Date of last ins	spection of property			
A Claimant is primarily: (check only one)	If clair	mant is owner, name of operator is					
Ccheck only one)	If clair	mant is operator, name of owner is					
1. The primary activity the property is used for is: (check only one) a. administration e. fraternal and lodge meetings i. medical (not hospital) b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming n. housing l. informational m. other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other/(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary c. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? yes No If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? yes No If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? yes No If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant yes No If answer is no, explain: D. Ownership in name of claimant? Pes No Ownership in name of claimant? D. Deteror of completion of new construction Explain what was constructed Recorded Yes No Ownership in name of claimant? D. Date of completion of new construction Explain what was constructed S. Date claim for exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail A. Notice: date mailed Notice: date mailed Notice: date mailed Notice: date mailed S. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental as bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property; 1. was filed last year Yes No 2. is new this year Yes No			other <i>(explain)</i>				
a. administration e. fraternal and lodge meetings i. medical (not hospital) b. commercial f. fund raising j. recreational j. recreational d. farming h. housing l. informational d. farming h. housing l. informational l. informational m. other (explain) m. other (explain) m. other (explain) l. informational l. informati	B. U :	se of property					
b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational m. other (explain) h. housing l. informational m. other (explain) s. Other (explain) v. other (explai	1.	1. The primary activity the property is used for is: (check only one)					
b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused		b. commercial c. educational d. farming	f. fund raising g. hospital	j. recreational k. rehabilitation	p <mark>it</mark> al)		
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1. In your opinion are services and expenses excessive?		All or part (write in all or part where ap b. vacant or unused house personnel whose presence is no	oplicable) of the property is: a c. in excess of that re t institutionally necessary		d. used to		
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D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes No No Ownership in name of claimant? Supplemental Assessment (in claimant's name): Date of change in ownership Recorded Yes No Ownership in name of claimant? Ownership in ownership Recorded Yes No No If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Not mailed Ownership in name of claimant? Ownership in name of claimant? No Ownership in name of claimant? No In No Ownership in name of claimant? No Ownership in name	3.	In your opinion is the claimant's propos	sed new capital investment, if a	iny, <mark>n</mark> ecessary?	☐ Yes ☐ No		
If answer is no, explain: Did owner file an exemption claim? Yes No	D 0						
E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed 3. Date put to exempt use exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: 1. was filed last year Yes No 2. is new this year Yes No							
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Explain what was constructed 3. Date put to exempt use							
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 F. A claim for veterans' organization exemption on this property: 1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No 							
1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No							
·		_		□ No			
3 was not filed last year, but claimed on another property located at		•	-				
3. was not filed last year, but claimed on another property located at					p code)		
G. Recommendation: 1. Approval 2. Denial(part)(all)	G. Re	ecommendation: 1. Approval	(all)	2. Denial	(all)		
Reason for denial (if partial denial, identify specific area to be denied)					, ,		
Date Inspection for, Assessor	D,	ate	Inspection for		Λεερεερι		
By, Assessor	טפ	uio	·				

