F-269-FIR-R02-0308-03000076-1 OE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	WI DOR COL	James B Rooney Assessor of Amado 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721	or County
		FAA. (209) 223-0721	
SUPPLEMENTAL ASSESSMENT Information for Property No	Year [.]		
Address of <i>this</i> property			
□ Owner only □ Operator only □ Owner-	(stre	et, city, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily:			
(check only one) 1. charitable 2. c	other (explain)		
B. Use of property			
1. The primary activity the property is use	d for is: (check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	e. fraternal and lodge meet f. fund raising g. hospital h. housing	j. recreational k. rehabilitation l. informational	
2. Other activities the property is used for			
b. Other(explain)			
 All or part (write in all or part where app b. vacant or unused house personnel whose presence is not 	c. in excess of that re		d. used to
 C. Operation of property for benefit of p 1. In your opinion are services and expension 	ersons		Yes 🗌 No
If answer is yes , explain: 2. In your opinion do operations enhance a	anyone's private gain?		Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant's propose If answer is no , explain:	ed new capital investment, if a	any, necessary?	Yes No
D. Ownership of real property (as of applicat If answer is no, explain:	ole lien date) is recorded in e	xact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption claim?	P 🗌 Yes 🗌 No
 E. Supplemental Assessment (in claimant's r 1. Date of change in ownership 		Recorded	🗌 Yes 🗌 No
Ownership in name of claimant? — 2. Date of completion of new construction.			
Explain what was constructed 3. Date put to exempt use		If only a portion of the p	
exempt use, describe exempt and none			
4. Notice: date mailed			
 Date claim for exemption from Supplem Date first installment of supplemental ta: 			
F. A claim for veterans' organization exemp			
1. was filed last year			
 was not filed last year, but claimed on al 	•		
		(give complete address including z	. ,
G. Recommendation: 1. Approval Reason for denial <i>(if partial denial, identify s</i>			(all)
	. 7		
Date	Inspection for		, Assesso
	Ву		, Designe

