EF-269-FIR-R02-0308-07000199-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

	REGULAR ASSESSMENT		http://www.cccounty.us/ass		
	SUPPLEMENTAL ASSESSMENT	V			
	· •	Year:			
INS	me of organization				
Au	diess of <i>tins</i> property	(stre	et, city, zip code)		
			spection of property		
	laimant is owner, name of operator is				
	laimant is operator, name of owner is				
		2. other (explain)			
B. Use of property					
		The primary activity the property 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	:pital)	
	2. Other activities the property is	used for are: a. List letters used in I	B1		
	b. Other(explain)				
	b. vacant or unused house present	c. in excess of that rece is not institutionally necessary	a. leased or rentedeasonably necessary	d. used to	
	Operation of property for bend In your opinion are services and	expenses excessive?		☐ Yes ☐ No	
	If answer is yes , explain:			Yes No	
		manos anyone o pivato gami			
		proposed new capital investment, if a	any, necessary?	☐ Yes ☐ No	
D.	Ownership of real property (as of	applicable lien date) is recorded in e	exact name of claimant	☐ Yes ☐ No	
If answer is no , explain:					
	 		Did owner file an exemption claim?	☐ Yes ☐ No	
E.	Supplemental Assessment (in clai		Departed	☐ Yes ☐ No	
	 Date of change in ownership Ownership in name of claimant? 		Recorded	☐ fes ☐ No	
	Date of completion of new const				
	Explain what was constructed —		If only a portion of the pi	roporty is put to on	
	3. Date put to exempt use				
	Notice: date mailed				
			vith Assessor		
			nquent		
F.	A claim for veterans' organization		11.5.5		
		No 2. is new this year Yes	□ No		
			(give complete address including zi		
_				p code)	
G.	Recommendation: 1. Approval	(all)	2. Denial	(all)	
	Reason for denial (if partial denial, id				
	Date				
		•		. Designee	