DE-26 VE	9-FIR-R02-0308-08000299-1 9-FIR REV. 02 (03-08) ETERANS' ORGANIZATION EXEMPTION ESESSOR'S FIELD INSPECTION REPORT	A COLOR	Jennifer Perry, Asso County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-720	
	REGULAR ASSESSMENT	1857		
	SUPPLEMENTAL ASSESSMENT prmation for Property No	Voor		
	me of organization			
	dress of <i>this</i> property Owner only	(stree	t, city, zip code)	
	laimant is owner, name of operator is laimant is operator, name of owner is			
	Claimant is primarily:			
A.	(check only one) 1. charitable 2. other (e	explain)		
В.	Use of property			
	1. The primary activity the property is used for is	: (check only one)	_	
			ngs i. medical (not hos j. recreational k. rehabilitation l. informational	spital)
	. Other activities the property is used for are: a. List letters used in B1			
	<ol> <li>All or part (write in all or part where applicable b. vacant or unused house personnel whose presence is not institut</li> </ol>	c. in excess of that rea		d. used to
	<ul><li>C. Operation of property for benefit of persons</li><li>1. In your opinion are services and expenses exc</li></ul>			Yes No
	<ul> <li>If answer is yes, explain:</li> <li>In your opinion do operations enhance anyone If answer is yes, explain:</li> </ul>	's private gain?		Yes 🗌 No
	<ol> <li>In your opinion is the claimant's proposed new If answer is no, explain:</li> </ol>			Yes No
D.	Ownership of real property (as of applicable lien If answer is no, explain:	date) is recorded in ex		
F	Supplemental Assessment (in claimant's name):		Did owner file an exemption claim?	🗌 Yes 🗌 No
L.	Date of change in ownership Ownership in name of claimant?		Recorded	🗌 Yes 🗌 No
	2. Date of completion of new construction			
	Explain what was constructed		If only a portion of the p	roperty is put to an
	exempt use, describe exempt and nonexempt			
	4. Notice: date mailed	oooomentuur- fil-d	th Accessor	🗌 Not maile
	5. Date claim for exemption from Supplemental A 6 Date first installment of supplemental tax bill be			
F.	<ol> <li>Date first installment of supplemental tax bill becomes (became) delinquent</li></ol>			
	1. was filed last year  Yes  No 2. is new this year  Yes  No			
	<ol> <li>was not filed last year, but claimed on another</li> </ol>			
G.	Recommendation: 1. Approval			
	Reason for denial (if partial denial, identify specific	. ,		(all)
	 Date			
	Duto			
		Dy		, Designe

