F-269-FIR-R02-0308-08000171-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EX ASSESSOR'S FIELD INSPECTION		Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200	
	185		
SUPPLEMENTAL ASSESSMENT Information for Property No	Year:		
	+ our		
Address of <i>this</i> property	(SI		
Owner only Operator only	Owner-Operator Date of last i	treet, city, zip code) inspection of property	
If claimant is owner, name of operator			
If claimant is operator, name of owner			
A. Claimant is primarily:			
B. Use of property			
1. The primary activity the prop	perty is used for is: (check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge mee f. fund raising g. hospital h. housing 	etings i. medical (not hospital) j. recreational k. rehabilitation l. informational	
2. Other activities the property	is used for are: a. List letters used in	n B1	
b. Other <i>(explain)</i>			
b. vacant or unused	t where applicable) of the property is: c. in excess of that i ence is not institutionally necessary		used to
C. Operation of property for b1. In your opinion are services a	enefit of persons and expenses excessive?	Yes	
If answer is yes , explain:	enhance anyone's private gain?	Yes	
If answer is yes , explain:			
	it's proposed new capital investment, if	f any, necessary? 🛛 Yes	🗌 No
D. Ownership of real property (as If answer is no, explain:	of applicable lien date) is recorded in		□ Nc
E. Supplemental Assessment (in	claimant's name):	Did owner file an exemption claim? U Yes	∐ No
 Supplemental Assessment (in 1) Date of change in ownership Ownership in name of claima Date of completion of new co 		Recorded Yes	🗌 No
•			
Explain what was constructed 3. Date put to exempt use		If only a portion of the property is p	out to an
	t and nonexempt portions in detail		ot maile
		with Assessor	
	ion exemption on <i>this</i> property:		
-	\square No 2. is new this year \square Yes	s 🗌 No	
•	aimed on another property located at $_$		
	(all)	(give complete address including zip code)	II)
Reason for denial (if partial denia	al, identify specific area to be denied) _		
Date	Inspection for	,	Assess
	-		

