OE-26 VE	9-FIR-R02-0308-10000128-1 9-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	COLUMN COLUMN	Paul Dictos, CPA Fresno County Ass P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT rrmation for Property No Year: _	$\mathbf{\nabla}$		
Ad	me of organization dress of <i>this</i> property			
	Owner only Operator only Owner-Operator	(stree	t, city, zip code)	
L If c				
	laimant is operator, name of owner is			
	(check only one) 📋 1. charitable 🗌 2. other (explain)			
В.	Use of property			
	1. The primary activity the property is used for is: <i>(check only one)</i>			
	a. administration e. fraternal a b. commercial f. fund raisin c. educational g. hospital d. farming h. housing m. other (explain)	U U	ngs i. medical (not ho j. recreational k. rehabilitation l. informational	ospital)
	2. Other activities the property is used for are: a. List	letters used in B	1	
	b. Other(explain)			
	 All or part (write in all or part where applicable) of the b. vacant or unused c. in e house personnel whose presence is not institutionally 	xcess of that rea		d. used to
	 C. Operation of property for benefit of persons In your opinion are services and expenses excessive If answer is yes, explain:			Yes No
	 In your opinion do operations enhance anyone's priva If answer is yes, explain: 	te gain?		Yes No
	 In your opinion is the claimant's proposed new capital If answer is no, explain: 	investment, if a	ny, necessary?	Yes No
D.	Ownership of real property (as of applicable lien date) If answer is no, explain:	is recorded in ex	kact name of claimant	Yes No
_			_ Did owner file an exemption claim	? 🗌 Yes 🗌 No
E.	Supplemental Assessment (in claimant's name): 1. Date of change in ownership	C	Recorded	🗌 Yes 🗌 No
	Ownership in name of claimant?			
	Explain what was constructed	in datail	If only a portion of the	
	 exempt use, describe exempt and nonexempt portions 4. Notice: date mailed	nent was filed wi	th Assessor	Not mailed
-	6. Date first installment of supplemental tax bill becomes		quent	
F.	A claim for veterans' organization exemption on this p 1. was filed last year Yes No 2. is new this		🗌 No	
	3. was not filed last year, but claimed on another propert	y located at	(give complete address including	
G.	Recommendation: 1. Approval	-	(give complete address including	zip code) (all)
	Reason for denial (if partial denial, identify specific area to	be denied)		
	Date Insp			
		Dy		

