OE-269 VE	-FIR-R02-0308-12000314-1 FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	STATE OF THE DATA	Howard LaHaie Humboldt County As 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276	ssessor
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT rmation for Property No Year: _	W life w		
	me of organization			
Ad	dress of <i>this</i> property			
	Owner only Operator only Owner-Operator	(street, city, zip code) Date of last inspection of p	roperty	
		Date of last inspection of p		
	-incention and a former in			
	Claimant is primarily:			
7	(check only one) 1. charitable 2. other (explain)			
В.	Use of property			
	1. The primary activity the property is used for is: (check	k only one)		
	 b. commercial c. educational d. farming m. other (<i>explain</i>) 	\mathbf{S}	 i. medical (not hosp j. recreational k. rehabilitation l. informational 	
2. Other activities the property is used for are: a. List letters used in B1				
	b. Other(<i>explain</i>)			
	 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 reasonably ne		d. used to
	 C. Operation of property for benefit of persons In your opinion are services and expenses excessive 			🗌 Yes 🗌 No
	 If answer is yes, explain: In your opinion do operations enhance anyone's priva If answer is yes, explain: 	te gain?	$\frown T$	Yes No
	 In your opinion is the claimant's proposed new capital If answer is no, explain: 			Yes No
D.	Ownership of real property (as of applicable lien date) If answer is no, explain:			☐ Yes ☐ No
E.		Did owne	r file an exemption claim?	
<u> </u>	1. Date of change in ownership Ownership in name of claimant?	CE	Recorded	🗌 Yes 🗌 No
	2. Date of completion of new construction Explain what was constructed			
	 Date put to exempt use exempt use, describe exempt and nonexempt portion 		$_{-}$ If only a portion of the pro	
	 Notice: date mailed			🗌 Not mailed
	6. Date first installment of supplemental tax bill becomes			
F.	A claim for veterans' organization exemption on <i>this</i>			
	3. was not filed last year, but claimed on another proper	v located at		
G.	Recommendation: 1. Approval	2. Denial	(give complete address including zip (part)	
	(all) Reason for denial <i>(if partial denial, identify specific area t</i>			(all)
	Date Inst			
		By		
		Dу		, Designe

