WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

Year:	TE REGULAR ASSESSMENT				
Inforn	rmation for Property No SUPPLEMENTAL ASSESSMENT				
Name of organization					
Address of <i>this</i> property					
Owner only Operator only Owner-Operator Date of last inspection of property					
If claimant is owner, name of operator is					
If claimant is operator, name of owner is					
A. C	1. Teliglous — 2. Hospital — 0. solentille	4. charitable			
5. other (explain) B. Use of property					
The primary activity the property is used for is: (check only one)					
1.	a. administration b. commercial f. fund raising	i. medical (not j	hospital)		
	□ c. educational □ g. hospital □ h. housing □	k. rehabilitation l. informational			
	m. other (explain)			_	
	Other activities the property is used for are: a. List letters used in B1				
	b. Other (explain) All or part (write in all or part where applicable) of the property is: a. leased or rented				
J. A	b. vacant or unused c. in excess of that reasonably necessary		_ d. used to		
C. O	house personnel whose presence is not institutionally necessary				
1.	In your opinion are services and expenses excessive?		☐ Yes ☐ No)	
	If answer is yes , explain:				
2. In	In your opinion do operations enhan <mark>ce</mark> anyone's priva <mark>te</mark> gain? If answer is yes , exp <mark>lai</mark> n:		☐ Yes ☐ No)	
3. In	In your opinion is the claimant's proposed new capital investment, if any, necessary? If answer is no, explain:		☐ Yes ☐ No)	
D. O	Ownership of real property (as of applicable lien date) is recorded in exact name of claimant		☐ Yes ☐ No	— o	
	If answer is no , explain:			_	
	Did owner file an exe	emption claim?	☐ Yes ☐ No	o	
	Supplemental Assessment (in claimant's name):	December			
1.	Date of change in ownership Ownership in name of claimant?	Recorded	☐ Yes ☐ No	_	
2 D	Date of completion of new construction			_	
	Explain what was constructed				
	Date put to exempt use If only a por		v is put to an		
O. D.	exempt use, describe exempt and nonexempt portions in detail		* .		
4. No	Notice: date mailed	_	☐ Not mailed		
5.	Date claim for exemption from Supplemental Assessment was filed with Assessor			_	
	Date first installment of supplemental tax bill becomes (became) delinquent				
	A claim for welfare exemption on this property: 1. was filed last year \square Yes \square No 2.	is new this year	☐ Yes ☐ No		
	was not filed last year but claimed on another property located at	lete address including zin	code)		
G R	Recommendation: 1 Approval 2 Denial				
	(all)	(part)	(all)		
Reason for denial (if partial denial, identify specific area to be denied)					
D	Date Inspection for		, Assess	or	
	By		Design	ممر	