F-269-FIR-R02-0308-14000256-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXE ASSESSOR'S FIELD INSPECTION		County of Inyo Dave Stottlemyre, A P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT			us
	Year:		
Name of organization			
Address of <i>this</i> property	(stre	eet, city, zip code)	
Owner only Operator only	Owner-Operator Date of last in	spection of property	
If claimant is owner, name of operator is	3		
If claimant is operator, name of owner is	3		
	e 🗌 2. other <i>(explain)</i>		
B. Use of property			
1. The primary activity the prop	erty is used for is: (check only one)		_
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meet f. fund raising g. hospital h. housing 	ings ings i. medical (not hos j. recreational k. rehabilitation l. informational	;pital)
2. Other activities the property	is used for are: a. List letters used in I	B1	
b. vacant or unused	where applicable) of the property is: c. in excess of that re- ence is not institutionally necessary		d. used to
C. Operation of property for be 1. In your opinion are services a	enefit of persons nd expenses excessive?		Yes No
If answer is yes , explain: 2. In your opinion do operations			Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant If answer is no , explain:	t's proposed new capital investment, if a	any, necessary?	Yes No
	of applicable lien date) is recorded in e	exact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption claim?	🗌 Yes 🗌 No
E. Supplemental Assessment (in c 1. Date of change in ownership - Ownership in name of claimar	nt?	Recorded	🗌 Yes 🗌 No
2. Date of completion of new cor			
Explain what was constructed 3. Date put to exempt use		If only a portion of the pr	roperty is put to an
4. Notice: date mailed			Oot mailed
		vith Assessor	
		nquent	
F. A claim for veterans' organizati			
•	□ No 2. is new this year □ Yes		
3. was not filed last year, but cla	imed on another property located at	(give complete address including zi	p code)
G. Recommendation: 1. Approval	(all)	2. Denial	(all)
Reason for denial (if partial denial	l, identify specific area to be denied)		
Date	Inspection for		
	Ву		, Designe

