BOE-269	9-FIR-R02-0308-14000110-1 9-FIR REV. 02 (03-08) ETERANS' ORGANIZATION EXEM ESESSOR'S FIELD INSPECTION R		P.O. Box J Independence (760) 878-0302	2	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		inyoassessor@	≩inyocounty.us	
		Year:			
Na	me of organization				
Au		(str	reet, city, zip code)		
Owner only Operator only Owner-Operator Date of last inspection of property					
	If claimant is owner, name of operator is				
	laimant is operator, name of owner is				
		2. other <i>(explain)</i>			
В.	Use of property				
	 The primary activity the proper a. administration b. commercial c. educational d. farming m. other (explain) 	 e. fraternal and lodge mee f. fund raising g. hospital h. housing 	j. recrea k. rehab i. inform	hational	
		used for are: a. List letters used in			
	 All or part (write in all or part w b. vacant or unused 	<i>here applicable)</i> of the property is: c. in excess of that r ce is not institutionally necessary	a. leased or rented	d. used to	
	C. Operation of property for ben1. In your opinion are services and	efit of persons d expenses excessive?		Yes No	
	If answer is yes , explain:			Yes No	
		proposed new capital investment, if	any, necessary?	Yes □ No	
D.	If answer is no , explain: Ownership of real property (as of If answer is no , explain:	applicable lien date) is recorded in	exact name of claimant	Yes No	
			Did owner file an exempt	ion claim? 🗌 Yes 🗌 No	
E.	 Supplemental Assessment (in cla 1. Date of change in ownership Ownership in name of claimant? 			Recorded Yes No	
	2. Date of completion of new cons				
	Explain what was constructed – 3. Date put to exempt use		• •	on of the property is put to an	
	exempt use, describe exempt a	nd nonexempt portions in detail			
		Supplemental Assessment was filed the termination of the second sec			
F.	A claim for veterans' organization				
	1. was filed last year \Box Yes \Box No 2. is new this year \Box Yes \Box No				
		ned on another property located at			
~					
G.		(all)			
	Reason for denial (if partial denial, i	identify specific area to be denied) $_$			
	Date	Inspection for		, Assessor	
		•		, Designee	

D OF

County of Inyo

