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				
	<ol> <li>The primary activity the proper</li> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (explain)</li> </ol>	<ul> <li>e. fraternal and lodge mee</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	j. recrea k. rehab i. inform	hational	
		used for are: a. List letters used in			
	<ol> <li>All or part (write in all or part w b. vacant or unused</li> </ol>	<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	
	<ul><li>C. Operation of property for ben</li><li>1. In your opinion are services and</li></ul>	efit of persons d expenses excessive?		Yes No	
	If answer is <b>yes</b> , explain:			Yes No	
		proposed new capital investment, if	any, necessary?	Yes □ No	
D.	If answer is <b>no</b> , explain: <b>Ownership of real property</b> (as of If answer is <b>no</b> , explain:	applicable lien date) is recorded in	exact name of claimant	Yes No	
			Did owner file an exempt	ion claim? 🗌 Yes 🗌 No	
E.	<ul> <li>Supplemental Assessment (in cla</li> <li>1. Date of change in ownership</li> <li>Ownership in name of claimant?</li> </ul>			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	

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**County of Inyo** 

