		Laura Avila	
-269-FIR-R02-0308-15000355-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEN ASSESSOR'S FIELD INSPECTION R		Kern County Asses 1115 Truxtun Avenue Bakersfield CA 93301-46 (661) 868-3485	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	2/FOK		
Name of organization			
Address of <i>this</i> property	(stree		
Owner only Operator only	Owner-Operator Date of last ins	spection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily:	2. other <i>(explain)</i>		
B. Use of property			
1. The primary activity the proper	ty is used for is: (check only one)		_
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meeting f. fund raising g. hospital h. housing 	ngs i. medical (not ho j. recreational k. rehabilitation l. informational	spital)
2. Other activities the property is	used for are: a. List letters used in B	31	
b. Other(explain)			_
b. vacant or unused	<i>where applicable)</i> of the property is: a. c. in excess of that real ice is not institutionally necessary		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: 2. In your opinion do oper <mark>ations e</mark>	nhance anyone's private gain?		Yes 🗌 No
If answer is yes , explain: 3. In your opinion is the claimant's If answer is no , explain:	proposed new capital investment, if a	ny, necessary?	Yes No
 D. Ownership of real property (as of If answer is no, explain: 	applicable lien date) is recorded in ex	xact name of claimant	🗌 Yes 🗌 No
		Did owner file an exemption 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 –			
		If only a portion of the p	property is put to an
exempt use, describe exempt a	nd nonexempt portions in detail		
4. Notice: date mailed			
	Supplemental Assessment was filed wi		
 6. Date first installment of supplen F. A claim for veterans' organization 	nental tax bill becomes (became) delin		
-	No 2. is new this year Yes		
•	•		
-	ned on another property located at	(give complete address including 2	zip code)
G. Recommendation: 1. Approval _	(all)	2. Denial	(all)
Reason for denial (if partial denial,	identify specific area to be denied)		
Date			
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			, _ congine

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