EF-269-FIR-R02-0308-17000354-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

SUPPLEMENTAL ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Douglas W. Wacker County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

Information for Property No	Year:		
Name of organization			
Address of <i>this</i> property			
\square Owner only \square Operator only \square	Owner-Operator Date of last in	eet, city, zip code) 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 (explain)		
B. Use of property			
 The primary activity the propert 	y is used for is: (check only one)		
a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meet f. fund raising g. hospital h. housing	tings i. medical (not hose j. recreational k. rehabilitation l. informational	p <mark>it</mark> al)
2. Other activities the property is	used for are: a. List letters used in	B1	
b. Other(explain)			
house personnel whose present	c. in excess of that receis not institutionally necessary		d. used to
C. Operation of property for bene 1. In your opinion are services and If answer is yes, explain:	expenses excessive?		☐ Yes ☐ No
In your opinion do operations en If answer is yes , explain:			Yes No
 In your opinion is the claimant's If answer is no, explain: 	proposed new capital investment, if	any, necessary?	☐ Yes ☐ No
D. Ownership of real property (as of	applicable liep date) is recorded in	exact name of claimant	☐ Yes ☐ No
If answer is no , explain:			
		Did owner file an exemption claim?	☐ Yes ☐ No
E. Supplemental Assessment (in clair			
Date of change in ownership		Recorded	☐ Yes ☐ No
Ownership in name of claimant? 2. Date of completion of new const			
Explain what was constructed —			
Date put to exempt use		If only a portion of the p	operty is put to an
	• •		
		with Assessor	
		inquent	
F. A claim for veterans' organization			
1. was filed last year Yes			
3. was not filed last year, but claime	ed on another property located at	(give complete address including z	p code) .
G. Recommendation: 1. Approval			
	(- /	(part)	, ,
 Date	Inspection for		Accoror
Date	-		

