EF-269-FIR-R02-0308-20000318-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

	REGULAR ASSESSMENT		0.0		www.maderacounty.com/g	overnment/assessor
	SUPPLEMENTAL ASSESSMENT	V				
	mation for Property No					
Nam	e of organization					
Addi	ress of this property		(stree	et, city, zip code)		
	Owner only \square Operator only \square	Owner-Operator	Date of last ins	pection of prop	perty	
If cla	imant is owner, name of operator is					
	imant is operator, name of owner is					
	Claimant is primarily: (check only one) 1. charitable	2. other (explain	n)			
	Jse of property					
1	1. The primary activity the property is used for is: (check only one)					
	a. administration		and lodge meeting	ngs	i. medical (not hos	pi <mark>t</mark> al)
	b. commercial	f. fund rais			j. recreational	
	☐ c. educational	g. hospital			k. rehabilitation	_
	d. farming	☐ h. housing			l. informational	
_	m. other (explain)					
2	2. Other activities the property is					
,	b. Other(explain) 3. All or part (write in all or part wh	acra applicable) of th	no proporty is:	looped or re-	tod	
3	b. vacant or unused					d. used to
	house personnel whose presend	e is not institutional	v necessary	asonably neces	ssary	a. used to
(C. Operation of property for bene		ly necessary			
	. In your opinion are services and		e?			☐ Yes ☐ No
	If answer is yes , explain:					
2	 In your opinion do operations en 	hance anyone's priv	ate gain?			Yes No
3	3. In your opinion is the claimant's	proposed new capita	al investment, if a	ny, necessary?	?	☐ Yes ☐ No
_	If answer is no , explain:					☐ Yes ☐ No
	Ownership of real property (as of a			xact name of cl	aimant	☐ Yes ☐ No
I1	f answer is no , explain:			Did owner fi	la an avamation alaim?	☐ Yes ☐ No
E. \$	Supplemental Assessment (in clai	mant's name):			le an exemption claim?	□ fes □ No
	. Date of change in ownership				Recorded	☐ Yes ☐ No
	Ownership in name of claimant?					
2	2. Date of completion of new const					
	Explain what was constructed —					
3	Date put to exempt use				f only a portion of the pr	
	exempt use, describe exempt an					
4	Notice: date mailed					Not mailed
	Date claim for exemption from S					
	Date first installment of supplement			iquent		
	A claim for veterans' organization	=		□		
	. was filed last year \square Yes \square					
3	s. was not filed last year, but claime	ed on another prope	erty located at	(gi	ive complete address including zi	p code)
	Recommendation: 1. Approval					
		, ,				(all)
F	Reason for denial (if partial denial, id	ientity specific area	•			
-)_+-	1.				
L	Date	Ins	=			
			DV			, Designe