BOE-269-FIR VETER ASSES	R-R02-0308-20000203-1 REV. 02 (03-08) RANS' ORGANIZATION EXEMPTION SSOR'S FIELD INSPECTION REPORT GULAR ASSESSMENT PPLEMENTAL ASSESSMENT tion for Property NoYea of organizationYea			3
Address	s of <i>this</i> property	(street	city zin code)	
Own	ner only Operator only Owner-Operator	Date of last insp	ection of property	
	imant is primarily: eck only one) □ 1. charitable □ 2. other (expl	lain)		
	e of property	uni)		
	The primary activity the property is used for is: (c	heck only one)		
_	a. administration e. fratern b. commercial f. fund r c. educational g. hospit d. farming h. housin m. other (explain)	tal	gs i. medical (not h j. recreational k. rehabilitation l. informational	ospital)
2.	Other activities the property is used for are: a. I	_ist letters used in B1		
	b. Other(explain)			
	All or part (write in all or part where applicable) or b. vacant or unused c. house personnel whose presence is not institution	in excess of that reas		d. used to
1.	Operation of property for benefit of persons In your opinion are services and expenses excess	sive?		Yes 🗌 No
2.	If answer is yes , explain: In your opinion do operations enhance anyone's p If answer is yes , explain:	rivate gain?		Yes No
3.	In your opinion is the claimant's proposed new cap If answer is no , explain:	oital investment, if an	y, necessary?	Yes No
	nership of real pro <mark>perty</mark> (as of applicable lien da nswer is no, explain:	te) is recorded in exa		Yes No
E. Sup	pplemental Assessment (in claimant's name):		Did owner file an exemption claim	n? ∐ Yes ∐ No
1.	Date of change in ownership		Recorded	🗌 Yes 🗌 No
	Date of completion of new construction			
	Explain what was constructed			
	Date put to exempt use	tions is datail	If only a portion of the	
4. 5.	Date claim for exemption from Supplemental Asse	essment was filed with	Assessor	Not mailed
	Date first installment of supplemental tax bill beco		uent	
	laim for veterans' organization exemption on <i>th</i>	· · · ·		
	was filed last year Yes No 2. is new			
	was not filed last year, but claimed on another pro	perty located at	(give complete address including	g zip code)
	commendation: 1. Approval		2. Denial	(all)
Rea	ason for denial (<i>if partial denial, identify specific are</i>			
	e			
Date	·	-		
		_,		, _ co.gnot

