EF-269-FIR-R02-0308-20000174-1 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

i ax. (o	0,0101004	
www.m	deracounty.com/government/assess	SO

SUPPLEMENTAL ASSESSMENT		www.maderacounty.com/g	overnment/assessor
Information for Property No	Year <sup>.</sup>		
Name of organization			
Address of <i>this</i> property			
Owner only Operator only Own	(Str	eet, city, zip code) Ispection of property	
	•		
If claimant is operator, name of owner is			
A. Claimant is primarily:  (check only one) 1. charitable 2	other (evaluin)		
	otner ( <i>explain</i> )		
<ul><li>B. Use of property</li><li>1. The primary activity the property is u</li></ul>	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	i. medical (not hos j. recreational k. rehabilitation l. informational	p <mark>i</mark> tal)
2. Other activities the property is used	for are: a. List letters used in	B1	
b. Other(explain)			
3. All or part (write in all or part where a			
b. vacant or unused		easonably necessary	d. used to
house personnel whose presence is r			
<ul><li>C. Operation of property for benefit of</li><li>1. In your opinion are services and expe</li></ul>			☐ Yes ☐ No
If answer is <b>yes</b> , explain:	11303 000033170 :		
In your opinion do operations enhance	e anyone's private gain?		Yes No
If answer is <b>yes</b> , expla <mark>in:</mark>			
<ol> <li>In your opinion is the claimant's propo</li> </ol>	sed new capital investment, if	any, <mark>necess</mark> ary?	☐ Yes ☐ No
If answer is <b>no</b> , expl <mark>ain</mark> :		<del>\                                    </del>	
D. Ownership of real property (as of applied		exact name of claimant	☐ Yes ☐ No
If answer is <b>no</b> , explain:		Did a secondary district	
E. Supplemental Assessment (in claimant	's name):	Did owner file an exemption claim?	☐ Yes ☐ No
Date of change in ownership		Recorded	☐ Yes ☐ No
Ownership in name of claimant? ——			
2. Date of completion of new construction	on		
Explain what was constructed ———			
Date put to exempt use		If only a portion of the pr	roperty is put to an
exempt use, describe exempt and no	nexempt portions in detail		
4. Notice: date mailed		10. A	
		with Assessor	
<ul><li>6. Date first installment of supplemental</li><li>F. A claim for veterans' organization exer</li></ul>		inquerit	
was filed last year ☐ Yes ☐ No		□No	
<ol> <li>was filed last year, but claimed on</li> </ol>	•		
3. Was not filed last year, but claimed on	another property located at	(give complete address including zij	p code)
G. Recommendation: 1. Approval	(all)	2. Denial	(all)
Reason for denial (if partial denial, identif			
Date	Inspection for		, Assessor
	•		