E-269- VET	FIR-R02-0308-21000109-1 FIR REV. 02 (03-08) ERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	MARIN	Shelly Scott Assessor-Recorder- County of Marin CHANGE IN OWNERSHIP P.O. Box C San Rafael, CA 94913	-
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		Phone: (415) 473-7231 Fax: (415) 473-6255	
	mation for Property No.		www.marincounty.gov	
Nan	ne of organization			
Add	ress of <i>this</i> property	(stree	t, city, zip code)	
	Owner only 🗌 Operator only 🗌 Owner-Ope	erator Date of last ins	pection of property	
If cla	imant is owner, name of operator is			
lf cla	imant is operator, name of owner is			
	Claimant is primarily: (check only one)	er (explain)		
В.	Use of property			
	1. The primary activity the property is used for	or is: (check only one)		
	b. commercial f. c. educational g.	fraternal and lodge meetin fund raising hospital housing	i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
:	2. Other activities the property is used for are	e: a. List letters used in B	1	
	b. Other(explain)			
;	3. All or part (write <mark>in</mark> all or part where applica			
	b. vacant or unused		asonably necessary	d. used to
	house personnel whose presence is not ins			
	 Operation of property for benefit of personal In your opinion are services and expenses of 			Yes 🗆 N
	If answer is yes , explain:			
4	2. In your opinion do operations enhance anyc	one's private gain?		Yes 🗌 N
3	If answer is yes , explain: 3. In your opinion is the claimant's proposed n If answer is no , explain:	ew capital investment, if an	ny, necessary?	□ Yes □ N
	Dwnership of real property (as of applicable I f answer is no , explain:	ien date) is recorded in ex	act name of claimant	🗌 Yes 🗌 N
			_ Did owner file an exemption claim?	🗌 Yes 🗌 N
E. \$	Supplemental Assessment (in claimant's n <mark>am</mark>	1e):		
	1. Date of change in ownership		Recorded	🗌 Yes 🗌 N
	Ownership in name of claimant?			
2	 Date of completion of new construction 			
	Explain what was constructed			
3	3. Date put to exempt use		If only a portion of the pr	
	exempt use, describe exempt and nonexem			
4	Notice: date mailed			
	5. Date claim for exemption from Supplementa			
	6. Date first installment of supplemental tax bil		quent	
	A claim for veterans' organization exemption		_	
	1. was filed last year 🗌 Yes 🗌 No 🛛 2. i			
3	3. was not filed last year, but claimed on anoth	er property located at	(give complete address including zi	code)
G. I	Recommendation: 1. Approval	(all)	2. Denial (part)	(all)
F	Reason for denial <i>(if partial denial, identify spec</i>	;ific area to be denied)		
				•
[Date	Inspection for		, Assess

