Address of this property	-269-FIR-R02-0308-22000203-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMI ASSESSOR'S FIELD INSPECTION RE REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No Name of organization	PORT		Assessor/Record
□ Owner only □ Owner-Operator Date of last inspection of property If claimant is operator, name of operator is □ A Claimant is primarily: [check only one] 1. The primary activity the property is used for is: (check only one) □ □ □ a diminisfration □ □ a diminisfration □ □ if fation all and todge meetings □ □ a diminisfration □ □ a diminisfration □ □ if fation all and todge meetings □ □ a diminisfration □ □ if fation all and todge meetings □ □ information □ 0 fation □ 0 fation □ n. thousing □ □ n. thour opinon is the seraphicable of th	Address of <i>this</i> property	(str	eet. citv. zip code)	
If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)	Owner only Operator only	Owner-Operator Date of last in	spection of property	
A Claimant is primarily: (check only one) 1. charitable 2. other (explain) B Use of property 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) a. administration e if reternal and todge meetings the medical (not hospital) b. Gommercial e if fund raising the rehabilitation c. educational e.d. hospital the rehabilitation c. educational e.d. hospital the rehabilitation c. educational e.d. hospital the rehabilitation d. d. farming in thousing in informational b. Other (explain) s.all or part (write in all or part where applicable) of the property is: a. leased or ranted b. vacant or nunsed b. vacant or nunsed in in excess of that reasonably necessary d. used to house personnel (whose presence is not listitutionally vecessary) c. Doperation of property for bonefit of persons 1 In your opinion are services and expenses excessive? 1. In your opinion are services and expenses excessive? Yes No 1. for your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No 1. for your opinion is the claimant's proposed new capital investmen	If claimant is owner, name of operator is			
(check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) a. administration a. fratemal and todge meetings b. commercial f. f. fund raising c. deducational g. hospital c. deducational g. hospital c. deducational g. hospital c. ducational g. hospital d. farming h. housing d. farming h. housing d. farming on the used for are: a. List letters used in B1 b. Other(explain) 3. All or part (write in all or part where applicable) of the property is a. leased or ranted b. vacant or unused o. in excess of that reasonably necessary c. Operation of property for bonefit of persone 1. In your opinion on services and expenses excessive? 1. In your opinion is the chainant's proposed new capital investment, if any, necessary? if answer is no, explain: D. Ownership of real property (as of applicable	If claimant is operator, name of owner is			
1. The primary activity the property is used for is: (check only one) a. administration if fund raising c. commercial if fund raising c. educational g. hospital c. other (explain) informational 3. All or part (write in all or part where applicable) of the property is: a leased or rented b. vacant or unused c. in excass of that reasonably necessary c. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? if answer is yes, explain: 2. In your opinion are endiments proposed new capital investment, if any, necessary? if answer is no, explain: 2. In your opinion the calimant's proposed new capital investment, if any, necessary? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant if answer is no, explain: D. Ownership of real property (as of applicable lien date) j. In your opinion in the calimant's name): j. Date of change in ownership Ownership in name of claimant		□ 2. other <i>(explain)</i>		
a. administration e fraternal and lodge meetings f. medical (not hospital) b. commercial f fund raising i. recreational c. educational g. hospital i. recreational d. farming in. housing i. housing i. hormational m. ether (explain) i. housing i. housing i. hormational a. dot part (write in all or part where applicable) of the property is: a leased or rented . b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a leased or rented . b. vacant or unused b. vacant or unused c. in excass of that reasonably necessary d. used to house personnel whose presence is not institutionally refersary C. Operation of property for benofit of parsons 1. In your opinion do cervices and expenses excessive? Yes No If answer is yes, explain: 2. 1. No ur opinion do sperations enhance anyone's private gain? Yes No If answer is no, explain: D. D. Ownership of real property (so paplicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an				
b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented	 b. commercial c. educational d. farming m. other (<i>explain</i>) 	 ☐ f. fund raising ☐ g. hospital ☐ h. housing 	j. recreational k. rehabilitation l. informational	
3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary c. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? if answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? if answer is yes, explain: 3. In your opinion do operations enhance anyone's private gain? if answer is yes, explain: 3. In your opinion is the delamant's proposed new capital investment. If any, necessary? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant if answer is no, explain: D. Date of change in ownership C. Date of completion of new construction Explain what was constructed 3. Date put to exempt use def first installment of supplemental Assessment was filed with Assessor 6. Date first installment of supplemental Assessment was filed with Assessor 6. Date first installment of supplemental Assessment was filed with Assessor 7. A claim for exemption from Supplemental Assessment was file				
C. Operation of property for benefit of persons In your opinion are services and expenses excessive? I hy our opinion are services and expenses excessive? I hy our opinion are services and expenses excessive? If answer is yes, explain: In your opinion is the claimant's proposed new capital investment, if any, necessary? I esp on the claimant's proposed new capital investment, if any, necessary? I esp on the claimant's proposed new capital investment, if any, necessary? D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant I esp on the claimant's is no explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant I esp on the claimant's is no explain: D. Date of change in ownership	 All or part (write in all or part wh b. vacant or unused 	ere applicable) of the property is:	a. leased or r <mark>en</mark> ted	
2. In your opinion do operations enhance anyone's private gain? Yes No If answer is yes, explain:	C. Operation of property for bene1. In your opinion are services and	fit of persons expenses excessive?		Yes No
If answer is no, explain:	2. In your opinion do operations enl	nance anyone's private gain?		
If answer is no, explain: Did owner file an exemption claim? Yes No E. Supplemental Assessment (in claimant's name): Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? If only a portion of the property is put to an exempt use, describe exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Image: Claimage (Claimage (If answer is no , expl <mark>ain</mark> :			
 E. Supplemental Assessment (in claimant's name): Date of change in ownership Recorded Yes No Ownership in name of claimant? Date of completion of new construction Explain what was constructed Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Date claim for exemption from Supplemental Assessment was filed with Assessor Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: was not filed last year Yes No is new this year Yes No G. Recommendation: 1. Approval (all) (all) (all) 		applicable lien date) is recorded in o		
1. Date of change in ownership Recorded Yes No Ownership in name of claimant? Date of completion of new construction Recorded Yes No 2. Date of completion of new constructed If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Image: Completion of new construction Image: Completion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Image: Completion of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: Image: Completion of the property is put to an exemption on this property: 1. was filed last year Yes No Image: Completion of is property: 1. was filed last year, but claimed on another property located at	F Supplemental Assessment (in clair	mant's name):	Did owner file an exemption claim?	🗆 Yes 🗀 No
 2. Date of completion of new construction Explain what was constructed	1. Date of change in ownership		Recorded	🗌 Yes 🗌 No
 3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Not mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent 7. A claim for veterans' organization exemption on this property: 1. was filed last year Yes No is new this year Yes No 6. Recommendation: 1. Approval (all) (all) (all) (all) 				
 4. Notice: date mailed Interview of the second s	3. Date put to exempt use			
 F. A claim for veterans' organization exemption on this property: was filed last year Yes No was not filed last year, but claimed on another property located at	 Notice: date mailed Date claim for exemption from St 	upplemental Assessment was filed v	vith Assessor	Not mailed
 3. was not filed last year, but claimed on another property located at	F. A claim for veterans' organization	exemption on <i>this</i> property:		
G. Recommendation: 1. Approval 2. Denial (part) (all) (all)	•	•		
Reason for denial (if partial denial, identify specific area to be denied)	-		(give complete address including z	. ,
				. ,
	Date	Inspection for		

