EF-269-FIR-R02-0308-22000195-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Becky Crafts County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

=	REGULAR ASSESSMENT		Fax: (209) 966-5719	
	SUPPLEMENTAL ASSESSMENT	Voor		
		Year:		
Add	ress of <i>this</i> property			
	Owner only Operator only	(stree	et, city, zip code) spection of property	
	imant is owner, name of operator is			
	imant is operator, name of owner is Claimant is primarily:			
		2. other (explain)		
	Use of property			
	1. The primary activity the propert	ry is used for is: (check only one)		
	□ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain)	 e. fraternal and lodge meeti f. fund raising g. hospital h. housing 	i. medical (not hospit j. recreational k. rehabilitation informational	ial)
:		used for are: a. List letters used in F	31	
	b. Other(explain)			
;	b. vacant or unused	here applicable) of the property is: a c. in excess of that re ce is not institutionally necessary	a. leased or rented easonably necessary	d. used to
	C. Operation of property for bene I. In your opinion are services and	expenses excessive?		☐ Yes ☐ No
2	If answer is yes , explain: 2. In your opinion do operations en			☐ Yes ☐ No
		g		
3	 In your opinion is the claimant's If answer is no, explain: 	proposed new capital investment, if a	ıny, <mark>necess</mark> ary?	☐ Yes ☐ No
D (applicable lien date) is recorded in e	yact name of claimant	☐ Yes ☐ No
	f answer is no , explain:		national desiration of the state of the stat	
-	· •		Did owner file an exemption claim?	☐ Yes ☐ No
	Supplemental Assessment (in clai		Donated a	
	Date of change in ownership		Recorded	☐ Yes ☐ No
2	Ownership in name of claimant? Date of completion of new const			
	Explain what was constructed —			
3	Date put to exempt use		If only a portion of the prop	perty is put to an
	exempt use, describe exempt ar			
	1. Notice: date mailed			
			rith Assessor	
	A claim for veterans' organization		nquent	
		No 2. is new this year Yes	□ No	
			(give complete address including zip co	
				ode)
G. I	Recommendation: 1. Approval	(all)	2. Denial	(all)
F	Reason for denial <i>(if partial denial, i</i> d	dentify specific area to be denied)		
Date, Asset				
ı	Jaie	inspection for		, Assessor Designee

