		ER OF CO	Vincent P. Kehoe	
DE-26	9-FIR-R02-0308-22000050-1 9-FIR REV. 02 (03-08) ETERANS' ORGANIZATION EXEMPTION ESESSOR'S FIELD INSPECTION REPORT		4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332	a Assessor/Record
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	Maar	Fax: (209) 966-5719	
	prmation for Property No			
	me of organization			
	dress of <i>this</i> property Owner only	(stre	eet, city, zip code)	
	laimant is operator, name of owner is			
	Claimant is primarily: (check only one) 1. charitable 2. oth	er (explain)		
В.	Use of property1. The primary activity the property is used f			
	a. administration e b. commercial f. c. educational g	. fraternal and lodge meet	tings i. medical (not ho j. recreational k. rehabilitation l. informational	ospital)
	☐ m. other (<i>expl<mark>ai</mark>n</i>)			
	2. Other activities the property is used for are: a. List letters used in B1			
	 All or part (write in all or part where applied b. vacant or unused house personnel whose presence is not in 	c. in excess of that re		d. used to
	 C. Operation of property for benefit of personal 1. In your opinion are services and expenses 	sons excessive?		Yes 🗌 No
	If answer is yes , explain: 2. In your opinion do operations enhance any	one's private gain?		Yes No
	 If answer is yes, explain: In your opinion is the claimant's proposed If answer is no, explain: 		any, necessary?	Yes No
D.	Ownership of real property (as of applicable If answer is no , explain:	lien date) is recorded in e	exact name of claimant	🗌 Yes 🗌 No
			Did owner file an exemption claim	n? 🗌 Yes 🗌 No
E.	Supplemental Assessment (in claimant's name) 1. Date of change in ownership		Recorded	🗌 Yes 🗌 No
	Ownership in name of claimant? — 2. Date of completion of new construction			
	Explain what was constructed		If only a portion of the	
	exempt use, describe exempt and nonexer 4. Notice: date mailed			
	 Notice: date mailed		with Assessor	
	 Date first installment of supplemental tax b 			
F.	A claim for veterans' organization exemption			
	1. was filed last year 🗌 Yes 🗌 No 🛛 2. is new this year 🗌 Yes 🗌 No			
	3. was not filed last year, but claimed on anot	ther property located at	(give complete address including	
G.	Recommendation: 1. Approval	(all)		(all)
	Reason for denial (if partial denial, identify spe	ecific area to be denied)	· · ·	
	Date			
		Ву		, Designee

