EF-269-FIR-R02-0308-25000215-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Kristen DePaul Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

| | REGULAR ASSESSMENT | | assessor@co.modoc.ca.u | S |
|-----------------------------------|--|---|--|-----------------------|
| | SUPPLEMENTAL ASSESSMENT | | | |
| | · • | Year: | | |
| Na | me of organization | | | |
| Au | aress of <i>this</i> property | (stre | et, city, zip code) | |
| | | | spection of property | |
| | laimant is owner, name of operator is | | | |
| | laimant is operator, name of owner is | | | |
| | | 2. other (explain) | | |
| B. Use of property | | | | |
| | 1. The primary activity the propert | | | _ |
| | 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 | <mark>spi</mark> tal) |
| | | used for are: a. List letters used in I | B1 | |
| | b. Other(explain) | | | |
| | b. vacant or unused house present | c. in excess of that receis not institutionally necessary | a. leased or rentedeasonably necessary | d. used to |
| | Operation of property for bend In your opinion are services and | expenses excessive? | | ☐ Yes ☐ No |
| | If answer is yes , explain: | | | Yes No |
| | | indinos anyonos privato gaini. | | |
| | | proposed new capital investment, if a | any, necessary? | ☐ Yes ☐ No |
| D. | Ownership of real property (as of | applicable lien date) is recorded in e | exact name of claimant | ☐ Yes ☐ No |
| If answer is no , explain: | | | | |
| | - | | Did owner file an exemption claim? | Yes 🗌 No |
| E. | Supplemental Assessment (in clai 1. Date of change in ownership | | Departed | ☐ Yes ☐ No |
| | Ownership in name of claimant? | | Recorded | □ fes □ No |
| | Date of completion of new const | | | |
| | Explain what was constructed — | | | |
| | 3. Date put to exempt use | | If only a portion of the p | |
| | | | | |
| | 4. Notice: date mailed | | with Accessor | |
| | | | vith Assessor | |
| _ | A claim for veterans' organization | | nquent | |
| ١. | | No 2. is new this year \square Yes | □ No | |
| | | | | |
| | | | (give complete address including z | ip code) |
| G. | Recommendation: 1. Approval | (all) | 2. Denial | (all) |
| | | dentify specific area to be denied) | | |
| | Date | | | |
| | | • | | . Designee |