F-269-FIR-R02-0308-25000085-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXE ASSESSOR'S FIELD INSPECTION F		Kristen DePaul Modoc County Asse 204 Sout Court Street, Sui Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		assessor@co.modoc.ca.us	5
Information for Property No.			
Name of organization			
Address of <i>this</i> property	(sti	reet, city, zip code)	
Owner only Operator only	☐ Owner-Operator Date of last ir	spection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable	e 🗌 2. other (<i>explain</i>)		
B. Use of property			
1. The primary activity the prope	erty is used for is: (check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge mee f. fund raising g. hospital h. housing 	tings i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property i	s used for are: a. List letters used in	B1	
b. Other(explain)			_
b. vacant or unused	where applicable) of the property is: c. in excess of that r nce is not institutionally necessary		d. used to
 C. Operation of property for being the services and the services are services. 	nefit of persons id expenses excessive?		Yes No
If answer is yes , explain: 2. In your opinion do operations e If answer is yes , explain:	enhance anyone's private gain?		Yes 🗌 No
If answer is no , explain:			
D. Ownership of real property (as o If answer is no, explain:	f applicable lien date) is recorded in		
E. Supplemental Assessment (in cla	aimant's namo):	Did owner file an exemption claim?	🗌 Yes 🗌 No
1. Date of change in ownership _		Recorded	🗌 Yes 🗌 No
Ownership in name of claiman 2. Date of completion of new con Explain what was constructed	struction		
Date put to exempt use		If only a portion of the p	
4. Notice: date mailed		with Assessor	🗌 Not maile
6. Date first installment of supple	mental tax bill becomes (became) del	inquent	
	☐ No 2. is new this year □ Yes		
3. was not filed last year, but clair	med on another property located at $_$	(give complete address including zi	n code)
G. Recommendation: 1. Approval_			(all)
Reason for denial (if partial denial,	identify specific area to be denied) $_$		
Date	Inspection for		
	-		

