Mono County Office Of The Assessor Barry Beck, Assessor

## VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT

REGULAR ASSESSMENT
Email: assessor@mono.ca.gov SUPPLEMENTAL ASSESSMENT

Website: www.monocounty.ca.gov/assessor
Year:
Name of organization
Address of this property $\qquad$ (street, city, zip code)
Owner only $\quad \square$ Operator only $\quad \square$ Owner-Operator Date of last inspection 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
2. other (explain)
B. Use of property
3. The primary activity the property is used for is: (check only one)

4. Other activities the property is used for are: a. List letters used in B1
b. Other(explain)
5. 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 house personnel whose presence is not institutionally necessary
C. Operation of property for benefit of persons
6. In your opinion are services and expenses excessive?
 If answer is yes, explain:

| 2. In your opinion do operations enhance anyone's private gain? | $\square$ |
| :--- | :--- |
| If answer is yes, explain: | $\square$ |
| 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? | $\square$ No |
| If answer is no, explain: | $\square$ Yes |
| Ownership of real property (as of applicable lien date) is recorded in exact name of claimant | $\square$ Yes $\square$ No | If answer is no, explain: $\qquad$ Did owner file an exemption claim?YesNo

E. Supplemental Assessment (in claimant's name):

1. Date of change in ownership Ownership in name of claimant?
2. Date of completion of new construction Explain what was constructed
3. Date put to exempt use $\qquad$ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail
4. Notice: date mailed $\qquad$
$\qquad$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 $\qquad$
F. A claim for veterans' organization exemption on this property:
7. was filed last year Yes2. is new this year $\square$ YesNo
8. was not filed last year, but claimed on another property located at

> (give complete address including zip code)
G. Recommendation: 1. Approval
(all)
2. Denial $\qquad$ .

Reason for denial (if partial denial, identify specific area to be denied) $\qquad$
Date_Inspection for $\quad$ _ , Assessor

