-269-FIR-R02-0308-27000173-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXE ASSESSOR'S FIELD INSPECTION F		NONTERED CLIFTO	Xochitl Marina Cam Monterey County A P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		1850	assessor@co.monterey.ca	a.us
Information for Property No.				
Name of organization				
Address of <i>this</i> property		(street, city	, zip code)	
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 <i>(explain)</i> .			
B. Use of property				
1. The primary activity the prope				_
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 □ e. fraternal ar □ f. fund raising □ g. hospital □ h. housing 	nd lodge meetings g	i. medical (not hos j. recreational k. rehabilitation l. informational	șpital)
2. Other activities the property is	s used for are: a. List le	etters used in B1		
3. All or part (write in all or part w				
b. vacant or unused				d. used to
house personnel whose preser				
C. Operation of property for being the services and the services are services.	id expenses excessive?			Yes 🗆 N
If answer is yes , explain: 2. In your opinion do operations e	enhance anyone's private	e gain?		Yes 🗌 N
If answer is yes , explain: 3. In your opinion is the claimant's	s <mark>propose</mark> d new cap <mark>ita</mark> l i	nvestment, if any, r	necessary?	Yes N
If answer is no, explain: D. Ownership of real property (as o		s recorded in exact	name of claimant	🗌 Yes 🗌 N
If answer is no , explain:			id owner file on evention aloin?	Yes 🗆 N
E. Supplemental Assessment (in cla	aimant's n am e):		id owner file an exemption claim?	P ∐ Yes ∐ N
1. Date of change in ownership _			Recorded	🗌 Yes 🗌 N
Ownership in name of claiman	t?			
2. Date of completion of new con				
Explain what was constructed				
Date put to exempt use			If only a portion of the p	
 Notice: date mailed Date claim for exemption from 			ssessor	
 Date claim for exemption from Date first installment of supplet 				
F. A claim for veterans' organization			····	
1. was filed last year			No	
3. was not filed last year, but clair	•			
•			(give complete address including z	
G. Recommendation: 1. Approval _ Reason for denial (<i>if partial denial</i> ,	1- /		Denial (part)	(all)
Date	Inspe	ection for		, Assess
		Ву		, Design

