EF-269-FIR-R02-0308-30000234-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Claude Parrish Orange County Assessor

Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-5945 www.ocgov.com/assessor

| SUPPLEMENTAL ASSESSMENT | | www.ocgov.com/assessor | |
|---|--|--|---------------------|
| Information for Property No | | | |
| Name of organization | | | |
| Address of <i>this</i> property | (stre | et, city, zip code) | |
| ☐ Owner only ☐ Operator only ☐ O | wner-Operator Date of last ins | spection of property | |
| If claimant is owner, name of operator is _ | | | |
| If claimant is operator, name of owner is | | | |
| A. Claimant is primarily: | | | |
| | 」2. other <i>(explain)</i> | | |
| B. Use of property | | | |
| 1. The primary activity the property i | | | |
| □ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain) | e. fraternal and lodge meeti f. fund raising g. hospital h. housing | j. recreational k. rehabilitation l. informational | 1 |
| | | 31 | |
| | An | | |
| 3. All or part (write in all or part when | | a. leased or rentedeasonably necessary | d. used to |
| house personnel whose presence | is not institutionally necessary | easonably necessary | d. used to |
| C. Operation of property for benefit | | | |
| 1. In your opinion are services and ex | | | ☐ Yes ☐ No |
| If answer is yes , explain: | | | |
| 2. In your opinion do operations enha | | | Yes No |
| If answer is yes , explain: 3. In your opinion is the claimant's pro- If answer is no , explain: | pposed new capital investment, if a | any, <mark>necess</mark> ary? | ☐ Yes ☐ No |
| D. Ownership of real property (as of ap | nlicable lion date) is recorded in s | yact name of claimant | ☐ Yes ☐ No |
| If answer is no , explain: | | Add Hame of claimant | |
| in anower to no, explain. | | Did owner file an exemption claim? | ☐ Yes ☐ No |
| E. Supplemental Assessment (in claims | | | |
| Date of change in ownership | | Recorded | ☐ Yes ☐ No |
| Ownership in name of claimant? — | | | |
| 2. Date of completion of new construction | ction | | |
| Explain what was constructed —— | | If only a portion of the pr | onerty is nut to an |
| | | If only a portion of the pr | |
| | | | |
| | | vith Assessor | |
| | | nquent | |
| F. A claim for veterans' organization ex | xemption on <i>this</i> property: | | |
| was filed last year ☐ Yes ☐ N | | | |
| 3. was not filed last year, but claimed | on another property located at | (give complete address including zij | |
| G. Recommendation: 1. Approval | | | |
| | * * | | |
| Reason for denial (if partial denial, idea | | | |
| Date | | | |
| | | | |

