EF-269-FIR-R02-0308-31000256-1 BOE-269-FIR REV. 02 (03-08)

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



## Matthew R. Maynard Placer County Assessor

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

	REGULAR ASSESSMENT		assessor@placer.ca.gov		
∐ Info	SUPPLEMENTAL ASSESSMENT	Voor			
		Year:			
Ada	dress of <i>this</i> property	(stre			
	Owner only Operator only	Owner-Operator Date of last inc	et, city, zip code) spection of property		
	aimant is owner, name of operator is				
	aimant is operator, name of owner is Claimant is primarily:				
A.		2. other (explain)			
В.	Use of property				
1. The <b>primary activity</b> the property is used for is: (check only one)					
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meeti f. fund raising g. hospital h. housing	ings i. medical (not hospita j. recreational k. rehabilitation l. informational	1)	
		used for are: a. List letters used in F	31		
	3. All or part (write in all or part when	here applicable) of the property is:	a. leased or rented		
		c. in excess of that re	asonably necessary	d. used to	
		ce is not institutionally necessary			
	<ul><li>C. Operation of property for bene</li><li>In your opinion are services and</li></ul>	expenses excessive?		☐ Yes ☐ No	
	If answer is <b>yes</b> , explain:			Yes No	
	2. In your opinion do operations en If answer is <b>yes</b> , explain:	mance anyone's private gain?		」 res □ No	
		proposed new cap <mark>ital investment, if a</mark>	any, necessary?	☐ Yes ☐ No	
П		applicable lien date) is recorded in e	vest name of claimant	☐ Yes ☐ No	
υ.	If answer is <b>no</b> , explain:		Add Hame of Claimant	_ 100 <u> </u>	
			Did owner file an exemption claim?	☐ Yes ☐ No	
E.	Supplemental Assessment (in clai				
	Date of change in ownership		Recorded L	」Yes      No	
	Ownership in name of claimant?  2. Date of completion of new const		<del></del> -		
	Explain what was constructed —		<u>-</u>		
	Date put to exempt use		If only a portion of the prope	rty is put to an	
	exempt use, describe exempt ar	nd nonexempt portions in detail			
	4. Notice: date mailed				
			vith Assessor		
			nquent		
F.	A claim for veterans' organization				
		No 2. is new this year Yes			
	3. Was not filed last year, but claim	ed on another property located at	(give complete address including zip cod	e) .	
G.	Recommendation: 1. Approval	(all)	2. Denial	(all)	
Reason for denial (if partial denial, identify specific area to be denied)				. ,	
	Date Inspection for, Assessor				
	Date	Inspection for By		, Assessor Designee	

