EF-269-FIR-R02-0308-32000426-1 BOE-269-FIR REV. 02 (03-08)

> REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971

Quincy, CA 95971
Phone: 530-283-6380
Fax: (530) 283-6195
CindieFroggatt@countyofplumas.com

Informatio	n for Property No	Year:				
Name of	organization					
Address of	of <i>this</i> property					
☐ Owner	only Operator only Ow	ner-Operator Date of last ir	eet, city, zip code) aspection of property			
	is operator, name of owner is					
	ant is primarily:					
		2. other (explain)				
B. Use o	Use of property					
1. Th	The primary activity the property is used for is: (check only one)					
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge mee f. fund raising g. hospital h. housing	i. medical (not hos j. recreational k. rehabilitation l. informational	sp <mark>i</mark> tal)		
2. O		ed for are: a. List letters used in	B1			
3. A l b. ho	II or part (write in all or part where vacant or unused ouse personnel whose presence is	e applicable) of the property is: c. in excess of that respectively in the property is: s not institutionally necessary	a. leased or rented	d. used to		
1. In	peration of p <mark>roperty for benefit</mark> your opinion are services and expanswer is yes , explain:			☐ Yes ☐ No		
2. In	your opinion do operations enhar	nce anyone's private gain?	IOT	Yes No		
3. In	your opinion is the claimant's pro answer is no , explain:		any, necessary?	☐ Yes ☐ No		
D. Owne	ership of real property (as of app wer is no, explain:		exact name of claimant	☐ Yes ☐ No		
	, , , , , , , , , , , , , , , , , , , ,		Did owner file an exemption claim?	☐ Yes ☐ No		
	lemental Assessment (in claimal ate of change in ownership		Recorded	☐ Yes ☐ No		
	wnership in name of claimant? — ate of completion of new construc					
Ex	cplain what was constructed ——					
	ate put to exempt use		If only a portion of the p			
	-					
	otice: date mailed	Nemental Assessment (1)	with Appear			
			with Assessor			
	6. Date first installment of supplemental tax bill becomes (became) delinquent					
 F. A claim for veterans' organization exemption on <i>this</i> property: 1. was filed last year Yes No 2. is new this year Yes No 						
S. Wa	as not liled last year, but claimed t	on another property located at	(give complete address including z	p code)		
G. Reco	mmendation: 1. Approval	(all)	2. Denial	(all)		
		tify specific area to be denied) $_$				
Date						
		Bv		. Designee		

