EF-269-FIR-R02-0308-32000174-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

1 ax. (550) 205 0155
CindieFroggatt@countyofplumas.com

	REGULAR ASSESSMENT		CindieFroggatt@countyc	ofplumas.com
L.	SUPPLEMENTAL ASSESSMENT	V		
	ormation for Property No.			
INS	me of organization			
Au	dress of <i>this</i> property	(stre	eet, city, zip code)	
			espection of property	
	claimant is owner, name of operator is			
	elaimant is operator, name of owner is			
		2. other (explain)		
B.	Use of property			
	1. The primary activity the propert			
	a. administration b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meet f. fund raising g. hospital h. housing	tings i. medical (not hold in the property of the property) j. recreational k. rehabilitation l. informational	ospital)
		used for are: a. List letters used in	B1	
	b. Other(explain)			_
	b. vacant or unused house present	c. in excess of that rece is not institutionally necessary	a. leased or rentedeasonably necessary	d. used to
	Operation of property for benderation of property for benderation are services and the property for benderation of property for benderati	expenses excessive?		Yes No
	If answer is yes , explain:			Yes No
		indrice driffere o private gain.		
		proposed new capital investment, if	any, nece <mark>ss</mark> ary?	☐ Yes ☐ No
D.	Ownership of real property (as of	applicable lien date) is recorded in e	exact name of claimant	☐ Yes ☐ No
	If answer is no , explain:			
			Did owner file an exemption claim	n? ☐ Yes ☐ No
E.	Supplemental Assessment (in clai		Recorded	☐ Yes ☐ No
	 Date of change in ownership Ownership in name of claimant? 		Recorded	
	2. Date of completion of new const			
	Explain what was constructed — 3. Date put to exempt use		If only a portion of the	property is put to an
	exempt use, describe exempt ar			
	4. Notice: date mailed			
			with Assessor	
_			inquent	
Γ.	A claim for veterans' organization		□ N-	
		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 code)
G.	Recommendation: 1. Approval	(all)	2. Denial	(all)
		dentify specific area to be denied)	, ,	
	Date			
	Date	•		, Assessor . Designee