2-269-FIR-R02-0308-33000335-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	A SULTY OF RUVERS	Peter Aldana Assessor-County Cla County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200	erk-Recorder
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Vear.	https://www.asrclkrec.com/	
Name of organization			
Address of <i>this</i> property			
□ Owner only □ Operator only □ Owner-0	(street, of last inspo	sity, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2. of	ther (explain)		
B. Use of property1. The primary activity the property is used	d for is: (check only one)		
b. commercial c. educational d. farming m. other (explain)	e. fraternal and lodge meeting f. fund raising g. hospital h. housing	j. recreational k. rehabilitation l. informational	
2. Other activities the property is used for			
 All or part (write in all or part where app. b. vacant or unused house personnel whose presence is not 	c. in excess of that reas		d. used to
C. Operation of property for benefit of per1. In your opinion are services and expense	ersons es excessive?		□ Yes □ N
If answer is yes , explain: 2. In your opinion do operations enhance an If answer is yes , explain:			Yes N
 In your opinion is the claimant's proposed If answer is no, explain: 	d new capital investment, if any	, necessary?	□ Yes □ N
D. Ownership of real property (as of applicable lf answer is no, explain:	le lien date) is reco <mark>rd</mark> ed in exa	ct name of claimant	🗌 Yes 🗌 N
		Did owner file an exemption claim?	🗌 Yes 🗌 N
 E. Supplemental Assessment (in claimant's n 1. Date of change in ownership 		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? 2. Date of completion of new construction _			
Explain what was constructed 3. Date put to exempt use		If only a portion of the pro-	
exempt use, describe exempt and nonex 4. Notice: date mailed			🗌 Not mai
5. Date claim for exemption from Suppleme			
6. Date first installment of supplemental tax			
F. A claim for veterans' organization exempt			
1. was filed last year Yes No			
3. was not filed last year, but claimed on an			code)
G. Recommendation: 1. Approval	(all)	2. Denial (part)	(all)
Reason for denial (if partial denial, identify sp			
Date	Inspection for		, Asses
	Ву		, Desig

