T-269-FIR-R02-0308-33000094-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTIO ASSESSOR'S FIELD INSPECTION REPOR		Peter Aldana Assessor-County Cl County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Year	https://www.asrclkrec.com/	
Name of organization			
Address of <i>this</i> property			
Address of <i>this</i> property	(stree	t, city, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2	2. other <i>(explain)</i>		
B. Use of property1. The primary activity the property is u	used for is: (check only one)		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meetin f. fund raising g. hospital h. housing 	j. recreational k. rehabilitation l. informational	
2. Other activities the property is used			
 All or part (write in all or part where a b. vacant or unused house personnel whose presence is r 	c. in excess of that rea		d. used to
 C. Operation of property for benefit of 1. In your opinion are services and expension 	f persons enses excessive?		Yes N
If answer is yes , explain: 2. In your opinion do operations enhance If answer is yes , explain:			Yes 🗌 N
 In your opinion is the claimant's proper If answer is no, explain: 	osed new capital investment, if a	ny, necessary?	□ Yes □ N
D. Ownership of real property (as of applied lf answer is no, explain:	cable lien date) is recorded in ex	act name of claimant	□ Yes □ N
		_ Did owner file an exemption claim?	🗌 Yes 🗌 N
 E. Supplemental Assessment (in claimant[*] 1. Date of change in ownership 		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? —— 2. Date of completion of new construction	on		
Explain what was constructed ——— 3. Date put to exempt use		If only a portion of the pr	
 exempt use, describe exempt and nor 4. Notice: date mailed 5. Date claim for exemption from Supple 			🗌 Not mai
6. Date first installment of supplemental	tax bill becomes (became) deline		
 F. A claim for veterans' organization exer 1. was filed last year Yes No 	2. is new this year 🗌 Yes		
3. was not filed last year, but claimed on			
G. Recommendation: 1. Approval			o code) (all)
Reason for denial (if partial denial, identif	y specific area to be denied)		
Date			
	Ву		, Desig

