7-269-FIR-R02-0308-34000329-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPOR		CHRISTINA WYNN SACRAMENTO COU INSTITUTIONAL EXEMPTI 3636 American River Drive, Sacramento, CA 95864-599 Phone (916) 875-0720	ONS SECTION Suite 200	
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No	Year [.]		FAX (916) 854-9181 https://assessor.saccounty.gov	
Name of organization				
Address of <i>this</i> property				
Owner only Operator only Own	(street, ner-Operator Date of last insp	city, zip code) ection of property		
If claimant is operator, name of owner is				
A. Claimant is primarily: (check only one) 1. charitable				
B. Use of property				
1. The primary activity the property is	used for is: (check only one)			
	 e. fraternal and lodge meeting f. fund raising g. hospital h. housing 	i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)	
2. Other activities the property is used	d for are: a. List letters used in B1			
			-	
 All or part (write in all or part where b. vacant or unused house personnel whose presence is 	c. in excess of that reas		d. used to	
 C. Operation of property for benefit of 1. In your opinion are services and explanation 	of persons enses excessive?		Yes No	
If answer is yes , explain: 2. In your opinion do oper <mark>ations e</mark> nhand If answer is yes , explain:	ce anyone's private gain?		Yes No	
 In your opinion is the claimant's prop If answer is no, explain: 			∐ Yes ∐ No	
D. Ownership of real property (as of appliing the second s	icable lien date) is recorded in exa			
E. Supplemental Assessment (in claiman	t's name):	Did owner file an exemption claim?	∐ Yes ∐ No	
Date of change in ownership Ownership in name of claimant?		Recorded	🗌 Yes 🗌 No	
2. Date of completion of new constructi				
Explain what was constructed 3. Date put to exempt use		If only a portion of the pro		
 exempt use, describe exempt and no 4. Notice: date mailed 5. Date claim for exemption from Suppl 			🗌 Not mailed	
6. Date first installment of supplementa				
F. A claim for veterans' organization exe				
1. was filed last year 🗌 Yes 🗌 No	2. is new this year			
3. was not filed last year, but claimed o	n another property located at		·	
G. Recommendation: 1. Approval	(all)	(give complete address including zip 2. Denial	code) (all)	
Reason for denial (if partial denial, identi	ify specific area to be denied)			
Date				
	Ву		, Designe	

