EF-269-FIR-R02-0308-35000123-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Tom J. Slavich San Benito County Assessor

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www.cosb.us/government/assessor

Info	SUPPLEMENTAL ASSESSMENT rmation for Property No Year:
	ne of organization rear
Δdc	tress of this property
	dress of <i>this</i> property
	aimant is owner, name of operator is
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A.	Claimant is primarily: (check only one) 1. charitable 2. other (explain)
B.	Use of property
	1. The primary activity the property is used for is: (check only one)
	□ a. administration □ e. fraternal and lodge meetings □ i. medical (not hospital) □ b. commercial □ f. fund raising □ j. recreational □ c. educational □ g. hospital □ k. rehabilitation □ d. farming □ h. housing □ l. informational □ m. other (explain) 2. Other activities the property is used for are: a. List letters used in B1
	b. Other(explain)
	3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary
	C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive? Yes \(\subseteq \) No
	If answer is yes , explain:
	If answer is yes , explain:
	3. In your opinion is the claimant's proposed new capital investment, if any, necessary? □ Yes □ No If answer is no , explain:
D.	Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No
	If answer is no , explain:
	Did owner file an exemption claim? \(\square \text{ Yes } \square \text{ No} \)
	Supplemental Assessment (in claimant's name): 1. Date of change in ownership Recorded
	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 property is put to an
	exempt use, describe exempt and nonexempt portions in detail
	4. Notice: date mailed \ _ Not mailed
	5. Date claim for exemption from Supplemental Assessment was filed with Assessor
	6. Date first installment of supplemental tax bill becomes (became) delinquent
	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
	3. was not filed last year, but claimed on another property located at
	Recommendation: 1 Approval 2 Denial
	Reason for denial (if partial denial, identify specific area to be denied)
	By, Designee
	,,

