EF-269-FIR-R02-0308-36000257-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307

	EGULAR ASSESSMENT UPPLEMENTAL ASSESSMENT		www.sbcounty.gov/arc Phone: (909) 387-8307	, , , , , , , , , , , , , , , , , , , ,	
		Year:			
Addre	ess of <i>this</i> property	(stre			
	wner only Operator only	Owner-Operator Date of last in	eet, city, zip code) spection of property		
	nant is owner, name of operator is				
	mant is operator, name of owner is				
	aimant is primarily:				
		☐ 2. other (explain)			
	se of property	, , ,			
1. The primary activity the property is used for is: (check only one)					
	 □ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain) 	e. fraternal and lodge meet f. fund raising g. hospital h. housing	i. medical (not hos j. recreational k. rehabilitation l. informational	;p <mark>i</mark> tal)	
2.		used for are: a. List letters used in	B1		
	b. Other(explain)				
3.	b. vacant or unused	nere applicable) of the property is: c. in excess of that re te is not institutionally necessary	a. leased or rentedeasonably necessary	d. used to	
	Operation of property for bene In your opinion are services and	efit of persons expenses excessive?		☐ Yes ☐ No	
2	If answer is yes , explain: In your opinion do operations en			Yes No	
۷.	The state of the s	nance anyone 3 private gain:			
3.	In your opinion is the claimant's If answer is no , explain:	proposed new capital investm <mark>en</mark> t, if a	any, <mark>necess</mark> ary?	☐ Yes ☐ No	
D. O	D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant				
If answer is no , explain:					
			Did owner file an exemption claim?	☐ Yes ☐ No	
	upplemental Assessment (in clair Date of change in ownership		Recorded	☐ Yes ☐ No	
2.	Ownership in name of claimant? Date of completion of new const	ruction			
3.	Explain what was constructed — Date put to exempt use		If only a portion of the pr		
Λ	exempt use, describe exempt ar Notice: date mailed				
			vith Assessor		
			nquent		
	claim for veterans' organization				
		No 2. is new this year Yes	□ No		
			(give complete address including z		
				p code)	
G. R	ecommendation: 1. Approval	(all)	2. Denial	(all)	
R	eason for denial <i>(if partial denial, id</i>				
Da	ate	Inspection for		, Assessor	
		. Ву		, Designee	

