OE-269 VE	9-FIR-R02-0308-38000236-1 9-FIR REV. 02 (03-08) ETERANS' ORGANIZATION EXEMPTION SSESSOR'S FIELD INSPECTION REPORT		Assess Office of t 1 Dr. Carl San Franc	n Torres or-Recorder he Assessor-Reco ton B. Goodlett Pla cisco, CA 94102	ace - Room 190
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT prmation for Property No Year:			sessor.org (415) {	554-5596
	me of organization				
Ad	dress of <i>this</i> property				
	Owner only Operator only Owner-Operator	(stre	et, city, zip code)		
	Claimant is primarily: (check only one) 1. charitable 2. other (explai				
В.	Use of property				
	1. The primary activity the property is used for is: (che	eck only one)	_		_
	 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 		j. re	edical (not hosp ecreational ehabilitation formational	pital)
2. Other activities the property is used for are: a. List letters used in B1					
	b. Other(<i>explain</i>)				-
	 All or part (write in all or part where applicable) of the b. vacant or unused c. in 	excess of that re			d. used to
	 house personnel whose presence is not institutional C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessiv 				☐ Yes ☐ No
	If answer is yes , explain: 2. In your opinion do operations enhance anyone's priv	vate gain?			Yes No
	If answer is yes , explain:	Jane gamme			
	 In your opinion is the claimant's proposed new capit If answer is no, explain: 	al investment, if a	any, necessary?		Yes No
D.	Ownership of real property (as of applicable lien date If answer is no, explain:) is reco <mark>rde</mark> d in e	xact name of claimant		Yes No
_			Did owner file an exe	emption claim?	🗌 Yes 📙 No
E.	Supplemental Assessment (in claimant's name): 1. Date of change in ownership			Recorded	🗌 Yes 🗌 No
	Ownership in name of claimant? 2. Date of completion of new construction				
	Explain what was constructed		If only a p	portion of the pro	operty is put to an
	exempt use, describe exempt and nonexempt portic				
	4. Notice: date mailed				
	5. Date claim for exemption from Supplemental Assess				
F.	6. Date first installment of supplemental tax bill becom A claim for veterans' organization exemption on this				
г.		is year Yes			
	3. was not filed last year, but claimed on another prope	-			
G	Recommendation: 1. Approval(all)	-	(give complete	address including zip	
0.	(all) Reason for denial (if partial denial, identify specific area				(all)
	Date In	-			
		Ву			, Designe

