OE-269 <b>VE</b>	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)	_		_
	<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>		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> )				-
	<ol> <li>All or part (write in all or part where applicable) of the b. vacant or unused c. in</li> </ol>	excess of that re			d. used to
	<ul> <li>house personnel whose presence is not institutional</li> <li>C. Operation of property for benefit of persons</li> <li>1. In your opinion are services and expenses excessiv</li> </ul>				☐ Yes ☐ No
	If answer is <b>yes</b> , explain: 2. In your opinion do operations enhance anyone's priv	vate gain?			Yes No
	If answer is <b>yes</b> , explain:	Jane gamme			
	<ol> <li>In your opinion is the claimant's proposed new capit If answer is no, explain:</li> </ol>	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

