EF-269-FIR-R02-0308-38000170-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Joaquin Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

REGULAR ASS	SESSMENT AL ASSESSMENT		_		www.ciacoccom.org (110)	001 0000
Information for Property No Year:						
	ion					
Address of <i>this</i> pro	pperty		, ,			
☐ Owner only ☐	Operator only	Owner-Operator	Date of last ins	pection of prope	erty	
If claimant is owner,	name of operator is					
If claimant is operate	or, name of owner is					
A. Claimant is print (check only one		2. other (explain))			
B. Use of proper	•					
1. The primary	y activity the property	y is used for is: (chec	ck only one)			_
☐ b. com☐ c. educ☐ d. farm		e. fraternal a f. fund raisi g. hospital h. housing	and lodge meeting	ngs	i. medical (not hos j. recreational k. rehabilitation l. informational	pital)
2. Other activ	vities the property is	used for are: a. List	letters used in B	1		
b. Other(e)						
b. vacant c	(write in all or part who or unused onnel whose presence	c. in e	excess of that rea			d. used to
1. In your opin	of property for bene nion are services and	expenses excessive			'	☐ Yes ☐ No
	yes, explain: nion do oper <mark>ations e</mark> n		ate gain?			Yes No
	yes, explain:	nance anyone's priva	ate gain:			
In your opin	nion is the claimant's p		I investm <mark>en</mark> t, if a	ny, necessary?		☐ Yes ☐ No
	real property (as of a	applicable lien date)	is recorded in ex	sact name of cla	imant	☐ Yes ☐ No
	explain:			tao. Hamo of old		
				_ Did owner file	an exemption claim?	☐ Yes ☐ No
	Assessment (in clair					
	nge in ownership				Recorded	☐ Yes ☐ No
Date of con	in name of claimant? opletion of new consti	ruction				
Explain what a. Date put to	at was constructed — exempt use			If	only a portion of the pr	operty is put to an
exempt use	, describe exempt an	d nonexempt portion	s in detail			
4. Notice: dat						
				quent		
	terans' organization					
	st year ☐ Yes ☐					
was not file	d last year, but claime	ed on another proper	ty located at	(give	e complete address including zip	code) ·
	tion: 1. Approval					
		• ,			(part)	(all)
Date		Insp				
			Bv			. Designee