269-FIR-R02-0308-41000337-1 -269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	- And	MARK CHURCH Assessor - County 555 County Center, First Redwood City, CA 94063 Phone: (650) 363-4500 Fax: (650) 599-7435	Floor
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT		email: assessor@smcac web: www.smcacre.gov	re.gov
Information for Property No.	Year:		
Name of organization			
Address of <i>this</i> property			
Owner only Operator only Owner	(stre	et, city, zip code)	
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2.	. other <i>(explain)</i>		
B. Use of property			
1. The <b>primary activity</b> the property is us			_
a. administration         b. commercial         c. educational         d. farming         m. other (explain)	<ul> <li>e. fraternal and lodge meet</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	ings i. medical (not ho i. medical (not ho j. recreational k. rehabilitation l. informational	ospital)
2. Other activities the property is used f	for are: a. List letters used in I		
3. All or part (write in all or part where a			
b. vacant or unused			d. used to
house personnel whose presence is no	ot institutionally necessary		
<ul> <li>C. Operation of property for benefit of</li> <li>1. In your opinion are services and exper</li> </ul>			Yes N
If answer is <b>yes</b> , explain:			
<ol><li>In your opinion do operations enhance</li></ol>			🗌 Yes 🗌 N
3. In your opinion is the claimant's propo	sed new capital investment, if a	any, necessary?	🗌 Yes 🗌 N
<ul> <li>If answer is no, explain:</li> <li>D. Ownership of real property (as of application of answer is no, explain:</li> </ul>	able lien date) is recorded in e		Yes N
		Did owner file an exemption claim	? ∐ Yes ∐ N
<ul> <li>E. Supplemental Assessment (in claimant's</li> <li>1. Date of change in ownership</li> </ul>		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? —— 2. Date of completion of new construction	n and a second sec		
Explain what was constructed 3. Date put to exempt use		If only a portion of the	
exempt use, describe exempt and non			
4. Notice: date mailed		ith Assessment	
5. Date claim for exemption from Supple			
6. Date first installment of supplemental t		nquent	
F. A claim for veterans' organization exem			
1. was filed last year  Yes  No	∠. is new this year ⊥ Yes		
3. was not filed last year, but claimed on	another property located at	(give complete address including	zip code)
G. Recommendation: 1. Approval		2. Denial	(all)
Reason for denial (if partial denial, identify	<sup>,</sup> specific area to be denied)		
Date	1		, Assess
	Ву		, Desigr

MARK CHURCH

