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 primary activity the property is us			_
a. administration b. commercial c. educational d. farming m. other (explain)	 e. fraternal and lodge meet f. fund raising g. hospital h. housing 	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		
 C. Operation of property for benefit of 1. In your opinion are services and exper 			Yes N
If answer is yes , explain:			
In your opinion do operations enhance			🗌 Yes 🗌 N
3. In your opinion is the claimant's propo	sed new capital investment, if a	any, necessary?	🗌 Yes 🗌 N
 If answer is no, explain: D. Ownership of real property (as of application of answer is no, explain: 	able lien date) is recorded in e		Yes N
		Did owner file an exemption claim	? ∐ Yes ∐ N
 E. Supplemental Assessment (in claimant's 1. Date of change in ownership 		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	[,] specific area to be denied)		
Date	1		, Assess
	Ву		, Desigr

MARK CHURCH

