269-FIR-R02-0308-41000130-1 -269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT		MARK CHURCH Assessor - County 555 County Center, First Redwood City, CA 94063 Phone: (650) 363-4500 Fax: (650) 599-7435	Floor
		email: assessor@smcaci	re.gov
SUPPLEMENTAL ASSESSMENT Information for Property No	Year [.]	web: www.smcacre.gov	
Name of organization			
Address of <i>this</i> property	(stre	et, city, zip code)	
Owner only Operator only Owne			
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 j. recreational k. rehabilitation l. informational	ospital)
2. Other activities the property is used for	or are: a. List letters used in		
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 expendence 			Yes N
If answer is yes , explain:			
2. In your opinion do operations enhance			🗌 🗌 Yes 🗌 N
3. In your opinion is the claimant's propos	sed new capital investment, if a	any, necessary?	Yes N
If answer is no , explain: D. Ownership of real property (as of applica If answer is no , explain:	able lien date) is recorded in e	xact name of claimant	🗌 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			
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			
5. Date claim for exemption from Suppler			
6. Date first installment of supplemental ta		nquent	
F. A claim for veterans' organization exem			
1. was filed last year 🗌 Yes 🗌 No	2. is new this year	L No	
3. was not filed last year, but claimed on a	another property located at	(give complete address including	zip code)
G. Recommendation: 1. Approval	(all)	2. Denial /part)	(all)
Reason for denial (if partial denial, identify	specific area to be denied)		
Date	Inspection for		
	Ву		, Design

MARK CHURCH

