| 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

