EF-269-FIR-R02-0308-43000362-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Greg Monteverde Acting Assessor

Inspection for ______, Assessor

By ______, Designee

Exemption Division 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

| REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No | Year: | exemptions@asr.sccgov.or www.sccassessor.org | |
|---|---|--|-----------------------|
| Name of organization | | | |
| Address of <i>this</i> property | /6 | treet city zin code) | |
| ☐ Owner only ☐ Operator only ☐ 0 | Owner-Operator Date of last i | nspection of property | |
| If claimant is owner, name of operator is | | | |
| If claimant is operator, name of owner is | | | |
| A. Claimant is primarily: (check only one) 1. charitable | 2. other (explain) | | |
| B. Use of property | | | |
| The primary activity the property | y is used for is: (check only one) | | |
| a. administration b. commercial c. educational d. farming m. other (explain) | e. fraternal and lodge med f. fund raising g. hospital h. housing | etings i. medical (not hos j. recreational k. rehabilitation l. informational | p <mark>it</mark> al) |
| 2. Other activities the property is u | used for are: a. List letters used ir | n B1 | |
| b. Other(explain) | | | |
| All or part (write in all or part wh b. vacant or unused house personnel whose presence | c. in excess of that | | d. used to |
| C. Operation of property for bene1. In your opinion are services and | expenses excessive? | | ☐ Yes ☐ No |
| If answer is yes , explain: | | | ☐ Yes ☐ No |
| In your opinion do operations entered answer is yes, explain: In your opinion is the claimant's remainder the claimant's remainder the claimant's remainder the claimant's remainder the claimant is remainder the claimant. | | fany pecesany? | Yes No |
| If answer is no , explain: | noposed new capital investment, i | i arry, frecessary : | |
| D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no , explain: | | | |
| ii answer is no , explain. | | Did owner file an exemption claim? | ☐ Yes ☐ No |
| E. Supplemental Assessment (in clair | mant's name): | Did owner me arrevemption staint. | _ 100 _ 110 |
| Date of change in ownership | | Recorded | ☐ Yes ☐ No |
| Ownership in name of claimant? 2. Date of completion of new constr | | | |
| Explain what was constructed — | | | |
| Date put to exempt use | | If only a portion of the pr | |
| | | | |
| | | | |
| | | with Assessor | |
| | | linquent | |
| F. A claim for veterans' organization | | | |
| 1. was filed last year Yes | | | |
| was not filed last year, but claime | ed on another property located at _ | (give complete address including zi | o code) |
| G. Recommendation: 1. Approval | (all) | 2. Denial | (all) |
| | • / | (part) | ' ' |
| | | | |



Date ___