	ST OF SA	Sheri Thomas	
2-269-FIR-R02-0308-44000190-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPT ASSESSOR'S FIELD INSPECTION REP	SAL OS	County of Santa Cruz 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002	
	1850	Email: asrwebmail@co.sant	a-cruz.ca.us
SUPPLEMENTAL ASSESSMENT Information for Property No.	Year:		
Name of organization			
Address of <i>this</i> property	(otro		
□ Owner only □ Operator only □ Ov	wner-Operator Date of last ins	spection 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 <i>(explain)</i>		
B. Use of property			
1. The primary activity the property is	s used for is: (check only one)		_
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meeting f. fund raising g. hospital h. housing 	ngs i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)
2. Other activities the property is us	ed for are: a. List letters used in E	31	
			-
3. All or part (write in all or part when			
 b. vacant or unused house personnel whose presence f 		asonably necessary	d. used to
C. Operation of property for benefit			
 In your opinion are services and ex If answer is yes, explain: 	penses excessive?		□ Yes □ N
2. In your opinion do operations enha	ince anyone's private gain?		Yes 🗆 N
3. In your opinion is the claimant's pro	pposed new capital investment, if a	iny, necessary?	□ Yes □ N
If answer is no , explain:			Yes N
D. Ownership of real property (as of ap If answer is no, explain:	plicable lien date) is recorded in ex	xact name of claimant	
		Did owner file an exemption claim?	🗌 Yes 🗌 N
E. Supplemental Assessment (in claima			
1. Date of change in ownership		Recorded	🗌 Yes 🗌 N
Ownership in name of claimant? — 2. Date of completion of new construct			
Explain what was constructed —			
3. Date put to exempt use		If only a portion of the pro	perty is put to a
		ith Assessor	
		nquent	
F. A claim for veterans' organization ex			
1. was filed last year Yes N	•		
3. was not filed last year, but claimed		(give complete address including zip	code)
G. Recommendation: 1. Approval	(all)	2. Denial	(all)
Reason for denial (if partial denial, ider			
Date			
			0

