| F-269-FIR-R02-0308-45000138-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT | SULL OF ST | LESLIE MORGAN ASSESSOR-RECOR 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 | ι. |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|
| REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT Information for Property No | Year: | Intra_County toll free: 1(80 | 0)479-8009 |
| Name of organization | | | |
| Address of <i>this</i> property | (otroo | | |
| Owner only Operator only Owner- | Operator Date of last ins | pection of property | |
| | - | | |
| If claimant is operator, name of owner is | | | |
| A. Claimant is primarily: (check only one) 1. charitable 2. c | | | |
| B. Use of property | | | |
| 1. The primary activity the property is use | d for is: (check only one) | | |
| a. administration | e. fraternal and lodge meetin f. fund raising g. hospital h. housing | ngs i. medical (not hos j. recreational k. rehabilitation l. informational | pital) |
| 2. Other activities the property is used for | r are: a. List letters used in B | 1 | |
| b. Other(<i>explain</i>) | | | |
| All or part (write in all or part where app b. vacant or unused house personnel whose presence is not | c. in excess of that rea | | d. used to |
| C. Operation of property for benefit of p 1. In your opinion are services and expension | ses excessive? | | Yes 🗌 No |
| If answer is yes , explain: 2. In your opinion do operations enhance a If answer is yes , explain: | | | Yes 🗌 No |
| In your opinion is the claimant's propose If answer is no, explain: | | | Yes No |
| D. Ownership of real property (as of applicat If answer is no, explain: | e lien date) is recorded in ex | | ☐ Yes ☐ No |
| E Supplemental Accessment (in elaimon*a | | _ Did owner file an exemption claim? | 🗌 Yes 🗌 No |
| E. Supplemental Assessment (in claimant's r 1. Date of change in ownership Ownership in name of claimant? | | Recorded | 🗌 Yes 🗌 No |
| Date of completion of new construction. Explain what was constructed | | | |
| 3. Date put to exempt use | | If only a portion of the pr | operty is put to an |
| exempt use, describe exempt and none: 4. Notice: date mailed | | | 🗌 Not maile |
| Date claim for exemption from Supplem Date first installment of supplemental tax | | | |
| F. A claim for veterans' organization exemp 1. was filed last year Yes No | 2. is new this year | | |
| 3. was not filed last year, but claimed on a | nother property located at | aino populate address instruction of | n ando) |
| G. Recommendation: 1. Approval | | | |
| Reason for denial <i>(if partial denial, identify s</i> | () | | |
| Date | Inspection for | | |
| | | | |
| | | | |

