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		

