ASSESSOR'S	D3-08) DRGANIZATION EXEM FIELD INSPECTION RE	-		Business Prop 585 Fiscal Dr, Santa Rosa, C TELEPHONE:	ounty Cle erty Division Rm 104 A 95403-287 (707) 565-13	72
SUPPLEME	ASSESSMENT NTAL ASSESSMENT Property No	Vear		FAX: (707) 565	5-3317	
Address of <i>this</i>	property					
		Owner Operator F	(street,	city, zip code) pection of property		
	ner, name of operator is					
-	erator, name of owner is					
A. Claimant is	primarily: $(0,0,0)$ $\Box$ 1 charitable	2 other (evolain)				
B. Use of proj						
	nary activity the propert	v is used for is: (check	onlv one)			
☐ b. c ☐ c. e ☐ d. fi	administration commercial educational arming other ( <i>explain</i> )	<ul> <li>□ e. fraternal an</li> <li>□ f. fund raising</li> <li>□ g. hospital</li> <li>□ h. housing</li> </ul>		j. recrea	al (not hos ational ilitation national	pital)
		used for are: a List let	tters used in B1		_	
	art (write in all or part wi	here applicable) of the p	property is: a.	leased or rented		
b. vaca	nt or unused ersonnel whose presenc	c. in exc	cess of that rea			d. used to
1. In your o	on of property for bene opinion are services and	expenses excessive?				Yes 🗌 No
2. In your o	er is <b>yes</b> , explain: opinion do oper <mark>ations</mark> en er is <b>yes</b> , explain:		-			Yes 🗌 No
3. In your o	opinion is the claimant's er is <b>no</b> , explain:			y, necessary?		🗌 Yes 🗌 No
	of real property (as of no, explain:	applicable <b>lien date</b> ) is	recorded in exa	act name of claimant		🗌 Yes 🗌 No
				Did owner file an exempt	ion claim?	🗌 Yes 🗌 No
1. Date of	ttal Assessment (in clai change in ownership			F	Recorded	🗌 Yes 🗌 No
2. Date of	hip in name of claimant? completion of new const	ruction				
Explain 3 Date put	what was constructed — t to exempt use			If only a portion	on of the pr	operty is put to an
	•					
-						
				h Assessor		
				uent		
	veterans' organization					
1. was filed	d last year 🛛 Yes 🗌	No 2. is new this ye	ear 🗌 Yes 🛛	No		
3. was not	filed last year, but claim	ed on another property	located at	(give complete addre	oo includiaa i	
				(give complete addre	ess including zip	code)
	idation: 1. Approval denial ( <i>if partial denial, id</i>			2. Denial		(all)
Date		Inspe	ction for			, Assessor
			Bv			, Designee

