EF-269-FIR-R02-0308-51000431-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Kathy Scriven Sutter County Assessor

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REGULAR ASSESSMENT	COPOR	Email: assessor@co.sutter.ca.us
SUPPLEMENTAL ASSESSMENT		
	Year:	
Name of organization		
Address of <i>this</i> property	(si	street, city, zip code)
☐ Owner only ☐ Operator only	☐ Owner-Operator Date of last i	inspection of property
If claimant is owner, name of operato	ris	
If claimant is operator, name of owne	r is	
A. Claimant is primarily: (check only one) 1. charita	able 2. other (explain)	
B. Use of property		
1. The primary activity the pro-	operty is used for is: (check only one)	
□ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain)	e. fraternal and lodge mee f. fund raising g. hospital h. housing	etings i. medical (not hospital) j. recreational k. rehabilitation l. informational
	ty is used for are: a. List letters used ir	n B1
b. Other(explain)		
 b. vacant or unused house personnel whose pre 	c. in excess of that esence is not institutionally necessary	a. leased or rented d. used to
C. Operation of property for 1. In your opinion are services	s and expenses excessive?	☐ Yes ☐ N
If answer is yes , explain:	ns enhance anyone's private gain?	☐ Yes ☐ N
The second secon	ite childride driffer e private gain.	
	ant's <mark>propose</mark> d new cap <mark>ita</mark> l investm <mark>en</mark> t, it	if any, necessary?
	as of applicable lien date) is recorded in	n exact name of claimant
	орриостин, история	
		\square Did owner file an exemption claim? \square Yes \square N
E. Supplemental Assessment (in		
Date of change in ownershi		Recorded L Yes L N
Ownership in name of claim 2. Date of completion of new of	construction	
Explain what was construct 3. Date put to exempt use		If only a portion of the property is put to a
-		
Notice: date mailed Date claim for examplian from the properties of		Not mail
		l with Assessorelinquent
	ation exemption on <i>this</i> property:	milquent
	□ No 2. is new this year □ Yes	s
3. was not filed last year, but t	alimed on another property located at _	(give complete address including zip code)
G. Recommendation: 1. Approv	al	2. Denial
	nial, identify specific area to be denied) _	. ,
Data		A0000
Date	·	, Asses . Design
	DV	. Design