| RECOLLAR ASSESSMENT Email: assessor@co.sutter.ca.us SUPPLENTAL ASSESSMENT Year: | DE-269 | -FIR-R02-0308-51000309-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT | STER CO | Kathy Scriven Sutter County Asses 1160 Civic Center Blvd., Su Yuba City, CA 95993 Phone Number: (530) 822-719 Fax Number: (530) 822-719 | uite D 7160 |
|--|--------|---|-------------------------------|--|----------------|
| Name of organization Address of this property | | SUPPLEMENTAL ASSESSMENT | LEFOR | Email: assessor@co.sutter | |
| Address of this property | | | | | |
| Owner only Owner-Operator Date of last inspection of property If claimant is operator, name of owner is A A Claimant is primarity: (check only one) 1. charitable 2. other (explain) B. Use of property 1. that rabins = fraternal and lodge meetings - redical (not hospital) B. to so of property 1. The primary activity the property is used for is: (check only one) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. to commercial - ft find raising - redical (not hospital) - redical (not hospital) B. other(explain) - redical (not hospital) - redical (not hospital) - redical (not hospital) | Na | me of organization | | | |
| If claimant is overetor, name of owner is If claimant is operator, name of owner is A Claimant is primarily: (check only one) 1. the primary activity the property is used for is: (check only one) a. administration claimant is operator 1. The primary activity the property is used for is: (check only one) i. medical (not hospital) b. commercial f. fund raising c. educational g. hospital d. farming in. h. indusing d. add or property for benefit of persons? in or | Ad | aress of this property | (stree | t, city, zip code) | |
| If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) a. administration e. fratemal and fodge meetings h. medical (not hospital) b. commercial f. f. fund raising. h. industration h. industration h. industration c. e. ducational f. g. hospital h. industration h. industration h. industration c. ducational f. g. hospital h. industration h. industration h. industration d. farming m. other (explain) c. n. excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons in your opinion are services and expenses excessive? Yes No ff answer is no, explain: In your opinion are services and expenses excessive? Yes No ff answer is no, explain: Yes No ff answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No ff answer is no, explain: D. Ownership of real property (as of applicable lien date) is rec | | | erator Date of last ins | pection of property | |
| A Claimant is primarily: (check only one) 1. charitable 2. other (explain) B Use of property 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) a. administration B fif fund raising 1. The primary activity the property is used for is: (check only one) b. commercial fif fund raising 1. The primary activity the property is used for are: a. List letters used in B1 1. Informational c. educational g. hsopital k. rehabilitation 4. used to rented d. diaming m. thus represented is not institutionally necessary d. used to no used d. used to rented b. vacant or unused fif persons Yes No Yes No fif answer is yes, explain: I. In your opinion or sevences and expenses excessive? Yes No If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No In your opinion of severations enhance anyonets private gain? Did owner file an exemption claim? Yes No If answer is no, explain: Did | | | | | |
| (check only one) 1. Charitable 2. other (explain) B. Use of property I. The primary activity the property is used for is: (check only one) | | | | | |
| 1. The primary activity the property is used for is: (check only one) | Α. | | er (explain) | | |
| a. administration e. fraternal and lodge meetings f. medical (not hospital) b. commercial f. fund raising f. recreational c. deducational g. hospital f. recreational c. deducational g. hospital f. recreational c. deducational f. housing f. informational d. farming in t. housing f. informational d. farming in t. housing f. informational b. Vacant or unused n. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally pecessary c. Operation of property for benefit of persons l. in your opinion are services and expenses excessive? Yes No f. fanswer is yes, explain: l. in your opinion is the daimant's proposed new capital investment, if any, necessary? Yes No f. answer is yee, explain: Did owner file an exemption claim? Yes No f. answer is no, explain: Did owner file an exemption claim? Yes No f. answer is no, explain: Did owner file an exemption claim? Yes No f. answer is no, explain: Did owner file an exemption claim? Yes No f. Date of change in ownership m | Β. | | | | |
| b. commercial if fund raising j. recreational c. educational c. baspital k. rehabilitation d. farming h. bousing informational m. other (explain) c. List letters used in B1 informational b. Other activities the property is used for are: a. List letters used in B1 . b. Other activities the property is used for are: a. List letters used in B1 . b. Vacant or unused c. in excess of that reasonably necessary . c. Operation of property for benefit of persons . . 1. In your opinion are services and expenses excessive? | | 1. The primary activity the property is used for | or is: (check only one) | _ | _ |
| b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented | | b. commercial f. c. educational g. d. farming h. | fund raising hospital | j. recreational k. rehabilitation | pital) |
| 3. All or part (write in all or part where applicable) of the property is: a leased or rented b. vacant or unused c. in excess of that reasonably necessary c. Operation of property for benefit of persons 1. In your opinion do operations enhance anyone's private gain? c. In your opinion do operations enhance anyone's private gain? ff answer is yes, explain: 3. In your opinion do operations enhance anyone's private gain? if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant if answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant ff answer is no, explain: D. Ownership in name of claimant? answer is no, explain: D. Date of change in ownership D. Date of completion of new construction E. Supplemental Assessment (in claimant? name): 1. Date of completion of new construction Explain what was constructed 3. Date put to exempt use exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed on supplemental Assessment was filed with Assessor 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of sup | | 2. Other activities the property is used for an | re: a. List letters used in E | 1 | |
| b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons | | b. Other(explain) | | | _ |
| C. Operation of property for benefit of persons | | b. vacant or unused | c. in excess of that re | | d. used to |
| 2. In your opinion do operations enhance anyone's private gain? I yes I No If answer is yes, explain: In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: Did owner file an exemption claim? Yes No E. Supplemental Assessment (in claimant's name): Did owner file an exemption claim? Yes No 0. Ownership in name of claimant? Recorded Yes No No 0. Date of completion of new construction Explain what was constructed Recorded Yes No 3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exemption from Supplemental Assessment was filed with Assessor It only a portion of the property is put to an exempt use, describe exemption on this property: 1. was filed last year Yes No No Recorded at (give complete address including zip code) 6. Recommendation: 1. Approval (all) (all) (part) (all) Reason for denial (if partial denial, identify speci | | C. Operation of property for benefit of personal In your opinion are services and expenses | excessive? | | Yes 🗌 No |
| 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes No D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No If answer is no, explain: | | 2. In your opinion do operations enhance any | | | Yes 🗌 No |
| If answer is no, explain: | | 3. In your opinion is the claimant's proposed r | new capital investment, if a | ny, necessary? | □ Yes □ No |
| E. Supplemental Assessment (in claimant's name): Recorded Yes No Ownership in name of claimant? Recorded Yes No Ownership in name of claimant? If only a portion of new construction Explain what was constructed 3. Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Not maile 5. Date claim for exemption from Supplemental Assessment was filed with Assessor Not maile 6. Date first installment of supplemental tax bill becomes (became) delinquent F. 7. A claim for veterans' organization exemption on this property: No 1. was not filed last year Yes No 3. was not filed last year, but claimed on another property located at | D. | | lien date) is recorded in ex | kact name of claimant | □ Yes □ No |
| 1. Date of change in ownership | | | | _ Did owner file an exemption claim? | 🗌 Yes 🗌 No |
| Date of completion of new construction Explain what was constructed Date put to exempt use If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Not maile Date claim for exemption from Supplemental Assessment was filed with Assessor Date claim for exemption from Supplemental Assessment was filed with Assessor Date first installment of supplemental tax bill becomes (became) delinquent F. A claim for veterans' organization exemption on this property: Nos 2. is new this year Person No was not filed last year, but claimed on another property located at | E. | 1. Date of change in ownership | ne): | Recorded | 🗌 Yes 🗌 No |
| 3. Date put to exempt use | | 2. Date of completion of new construction | | | |
| 4. Notice: date mailed Investigation of the second seco | | 3. Date put to exempt use | unt nortions in datail | , , , , , , , , , , , , , , , , , , , | |
| 6. Date first installment of supplemental tax bill becomes (became) delinquent | | 4. Notice: date mailed | | | 🗌 Not maile |
| F. A claim for veterans' organization exemption on this property: 1. was filed last year Yes No 2. is new this year Yes No 3. was not filed last year, but claimed on another property located at | | | | | |
| 3. was not filed last year, but claimed on another property located at | F. | A claim for veterans' organization exemption | n on <i>thi</i> s property: | | |
| G. Recommendation: 1. Approval 2. Denial (all) (all)(all)(all) (all) | | | | | |
| Reason for denial (if partial denial, identify specific area to be denied) Date | ~ | | | | |
| Date, Assess | G. | | | | . , |
| Date, Assess | | reason for deniar (in partial denial, identity spe | | | |
| | | Date | Inspection for | | |
| | | | | | |

