EF-269-FIR-R02-0308-53000169-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Shanna White County Clerk-Recorder-Assessor

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REGULAR ASSESSMENT		assessor@trinitycounty.org	
SUPPLEMENTAL ASSESSMENT	V		
Information for Property No			
Name of organization			
Address of <i>this</i> property	(stre	eet, city, zip code)	
		spection of property	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
	2. other (explain)		
B. Use of property			
1. The primary activity the proper			
□ a. administration □ b. commercial □ c. educational □ d. farming □ m. other (explain)	e. fraternal and lodge meet f. fund raising g. hospital h. housing	i. medical (not hospital) j. recreational k. rehabilitation l. informational)
	used for are: a. List letters used in	B1	
b. Other(explain)			
b. vacant or unused house present	c. in excess of that rece is not institutionally necessary	a. leased or rented easonably necessary	d. used to
C. Operation of property for benderal control of the control of th	l expenses excessive?		Yes □ No
If answer is yes , explain: 2. In your opinion do operations er			Yes No
	mande driyone a private gairr		1103 🗀 110
	proposed new capital investment, if a	any, <mark>necess</mark> ary?	Yes No
D. Ownership of real property (as of		exact name of claimant	Yes No
If answer is no , explain:			
		Did owner file an exemption claim?] Yes □ No
E. Supplemental Assessment (in claim			1.v
Date of change in ownership		Recorded L_	」Yes □ No
Ownership in name of claimant? 2. Date of completion of new const	truction		
Explain what was constructed – 3. Date put to exempt use		If only a portion of the proper	ty is put to an
4. Notice: date mailed		with Assessor	
		nquent	
F. A claim for veterans' organization		nquent	
	No 2. is new this year Yes	□ No	
		(give complete address including zip code	·)
G. Recommendation: 1. Approval	(all)	2. Denial	(all)
	dentify specific area to be denied)	. ,	, ,
Date			Δεερεερι
<i></i>	·		. Designe