EF-269-FIR-R02-0308-53000131-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

Name of organization Address of this property Owner-Operator Date of last inspection of property Identified Owner-Operator Date of last inspection of property Identified		SUPPLEMENTAL ASSESSMENT		
Address of this property	Information for Property No Year:			
Owner only Operator only Owner-Operator Date of last inspection of property	Name of organization			
Owner only Operator only Owner-Operator Date of last inspection of property	Address of <i>this</i> property			
If claimant is operator, name of owner is A. Claimant is primarily: (check only one)	☐ Owner only ☐ Operator only ☐ Owner-Operator Date of last inspection of property			
A. Claimant is primarily: (check only one)	If claimant is owner, name of operator is			
B. Use of property 1. The primary activity the property is used for is: (check only one) a. administration e. fraternal and lodge meetings j. recreational b. commercial f. fund raising j. recreational d. farming h. housing l. informational m. other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. vacant or unused d. 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 I. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion is the claimant's proposed new capital investment, if any, necessary? 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: D. Ownership in name of claimant? Date of change in ownership Persons Date of change in ownership Persons Date of completion of new constructed Supplemental Assessment (in claimant's name): Persons Date of completion of new constructed Suplemental Assessment (in claimant? Date of completion of new constructed Date of completion of new construction	If claimant is operator, name of owner is			
1. The primary activity the property is used for is: (check only one) a. administration				
a. administration e. fraternal and lodge meetings j. medical (not hospital) b. commercial f. fund raising j. recreational k. rehabilitation d. farming h. housing l. informational m. other (explain) l. informational l. informational b. Other activities the property is used for are: a. List letters used in B1 b. Other (explain) l. informational l. informational	B. U s	Jse of property		
b. commercial	1. The primary activity the property is used for 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. 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 1. In your opinion are services and expenses excessive? If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? 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? Recorded Yes No Ownership in name of claimant? 2. Date of change in ownership Recorded Yes No Ownership in name of claimant? 2. Date of completion 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		 □ b. commercial □ c. educational □ d. farming □ h. housing 	j. recreational k. rehabilitation	
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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	2.			
exempt use, describe exempt and nonexempt portions in detail	•	Explain what was constructed	If only a position of the appropriate out to an	
	3.			
4. Notice, date mailed 🗀 Not mailed	4			
5. 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 <i>this</i> property:				
1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No			No	
·		·		
3. was not filed last year, but claimed on another property located at				
G. Recommendation: 1. Approval 2. Denial (part)(all)	G. Re	Recommendation: 1. Approval2.	. Denial (part) (all)	
Reason for denial (if partial denial, identify specific area to be denied)				
Date, Assesso				
By, Assesso	De	·		

