-269-FIR-R02-0308-55000183-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMI ASSESSOR'S FIELD INSPECTION RE REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	PORT	Kaenan Whitman Tuolumne County Assessor - Recorde 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov
Information for Property No.		
Name of organization		
Address of <i>this</i> property	(street, ci	ity, zip code)
		iction of property
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
A. Claimant is primarily: (check only one) 1. charitable	2. other <i>(explain)</i>	
B. Use of property1. The primary activity the property		
 a. administration b. commercial c. educational d. farming m. other (<i>explain</i>) 	 e. fraternal and lodge meetings f. fund raising g. hospital h. housing 	s i. medical (not hospital) j. recreational k. rehabilitation l. informational
	ere applicable) of the property is: a. le	
house personnel whose presence		
 C. Operation of property for bene 1. In your opinion are services and 	fit of persons	
If answer is yes , explain:		
 In your opinion do operations en If answer is yes, explain: 		
	proposed new capital investment, if any,	necessary?
D. Ownership of real property (as of a lf answer is no, explain:	applicable lien date) is reco <mark>rde</mark> d in exac	t name of claimant
		Did owner file an exemption claim? \Box Yes \Box No
 E. Supplemental Assessment (in clair 1. Date of change in ownership 		Recorded Yes No
Ownership in name of claimant? 2. Date of completion of new constr		
Explain what was constructed —		
 Date put to exempt use 		If only a portion of the property is put to an
		Not mailed
		Assessor
F. A claim for veterans' organization		
	No 2. is new this year \Box Yes \Box] No
•	ed on another property located at	
G. Recommendation: 1. Approval		(give complete address including zip code) 2 Denial
		(part) (all)
Date	-	, Assessor
	Ву	, Designee

