EF-269-FIR-R02-0308-57000287-1 BOE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT			YOLO COUNTY COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496			
REGULAR ASSESSMENT     SUPPLEMENTAL ASSES     Information for Property No	-		Fax (530) 66 assessor@y			
Address of <i>this</i> property						
$\square$ Owner only $\square$ Operate	or only 🗌 Owner-Operator	(street, Date of last insr	city, zip code)			
If claimant is owner, name of c		-				
If claimant is operator, name of						
A. Claimant is primarily:	charitable 2. other (explai					
B. Use of property	the property is used for is: (che	eck only one)				
a. administration b. commercial c. educational d. farming m. other ( <i>explain</i>	e. fraterna f. fund rais g. hospital h. housing	I and lodge meetin sing	j. reci	dical (not hospi reational abilitation rmational	tal)	
2. Other activities the	property is used for are: a. Lis	st letters used in B1	l			
b. vacant or unused	Ill or part where applicable) of the second se	excess of that rea			d. us	sed to
C. <b>Operation of prope</b> 1. In your opinion are se	rty for benefit of persons ervices and expenses excessiv				☐ Yes	🗌 No
If answer is <b>yes</b> , exp 2. In your opinion do op If answer is <b>yes</b> , exp	erations enhance anyone's priv	vate gain?			☐ Yes	🗌 No
<ol> <li>In your opinion is the If answer is <b>no</b>, expla</li> </ol>	claimant's proposed new capit ain:	al investment, if an	iy, necessary?		Yes	🗌 No
D. Ownership of real prop If answer is no, explain:	erty (as of applicable lien date	e) is recorded in exa			Yes	
E. Supplemental Assessn	ant (in claimant's name):		Did owner file an exem	ption claim?	∐ Yes	∐ No
1. Date of change in ow Ownership in name of	nership	P		Recorded	🗌 Yes	🗌 No
	f new construction					
Explain what was con 3. Date put to exempt u			If only a po	rtion of the prop	perty is pu	it to an
4. Notice: date mailed						t maile
6. Date first installment	of supplemental tax bill become	es (became) delinc				
_	rganization exemption on this	· · · ·				
1. was filed last year		iis year 🗌 Yes 🏾				
3. was not filed last yea	r, but claimed on another prope	erty located at	(give complete ac	ldress including zip c	code)	·
	Approval(all)		2. Denial		(all)	
Reason for denial (if part	tial denial, identify specific area					
Date	In					ssesso
		Ву			, C	Designe

