EF-269-FIR-R02-0308-57000177-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

SUPPLEMENTAL ASSESSMENT

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 Fax (530) 666-8213 assessor@yolocounty.org

Infor	mation for Property No	Year:		
	ne of organization			
Address of <i>this</i> property				
	Owner only \square Operator only \square	Owner-Operator Date of last in	spection of property	
If cla	imant is owner, name of operator is			
If cla	imant is operator, name of owner is			
	Claimant is primarily:			
		2. other (explain)		
B.	Use of property			
1. The primary activity the property is used for is: (check only one)				
	 □ 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 hos j. recreational k. rehabilitation l. informational	pital)
	Other activities the property is used for are: a. List letters used in B1 b. Other(explain)			
	house personnel whose presence	c. in excess of that re is not institutionally necessary		d. used to
	 Operation of property for bene In your opinion are services and If answer is yes, explain: 	expenses excessive?		☐ Yes ☐ No
2	2. In your opinion do operations en			Yes No
	If answer is yes , explain:			
;	 In your opinion is the claimant's r If answer is no, explain: 	proposed new capital investment, if	any, necessary?	☐ Yes ☐ No
	Ownership of real property (as of a fanswer is no, explain:		exact name of claimant	☐ Yes ☐ No
	,,		Did owner file an exemption claim?	☐ Yes ☐ No
	Supplemental Assessment (in clair			
	Date of change in ownership		Recorded	☐ Yes ☐ No
2	Ownership in name of claimant? Date of completion of new constr			
	Explain what was constructed —			
,	B. Date put to exempt use		If only a portion of the pr	
			with Assessor	
			inquent	
	A claim for veterans' organization			
	I. was filed last year ☐ Yes ☐		□ No	
	•	-	(give complete address including zi	
G. I	Recommendation: 1. Approval	(all)	2. Denial	(all)
I	Reason for denial (if partial denial, id	lentify specific area to be denied)		
Date Inspection for				, Assessor

