EF-269-FIR-R02-0308-58000204-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Mr. Bruce Stottlemeyer Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT			
Info	ormation for Property No	Year:		
Na	ame of organization			
Ad	Idress of <i>this</i> property	(stree	et, city, zip code)	
	Owner only \square Operator only \square Ov	wner-Operator Date of last ins	spection of property	
	claimant is operator, name of owner is			
	Claimant is primarily: (check only one) ☐ 1. charitable ☐	2. other <i>(explain)</i>		
B. Use of property1. 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 meeti f, fund raising g, hospital h, housing	i. medical (not house j. recreational k. rehabilitation l. informational	espital)
	2. Other activities the property is use	ed for are: a. List letters used in E	31	
	b. Other(explain)			
	3. All or part (write in all or part when b. vacant or unused house personnel whose presence in the part when the	c. in excess of that re		d. used to
	Operation of property for benefit In your opinion are services and ex	penses excessive?		Yes No
	If answer is yes , explain:			Yes No
		gum.		
	3. In your opinion is the claimant's pro-	pposed new capital investment, if a	any, necessary?	☐ Yes ☐ No
D.	Ownership of real property (as of app	plicable lien date) is recorded in e	xact name of claimant	☐ Yes ☐ No
	If answer is no , explain:			
_			Did owner file an exemption claim	? 🗌 Yes 🗌 No
⊏.	Supplemental Assessment (in claima 1. Date of change in ownership		Recorded	☐ Yes ☐ No
	Ownership in name of claimant? — 2. Date of completion of new construction		rtesoraea	
	Explain what was constructed —			
	Date put to exempt use		If only a portion of the p	property is put to an
	exempt use, describe exempt and i			
	4. Notice: date mailed			
	5. Date claim for exemption from Sup			
_	6. Date first installment of supplement		nquent	
Г.	A claim for veterans' organization ex		□ Na	
	1. was filed last year Yes No			
	3. was not filed last year, but claimed			zip code) .
G.	Recommendation: 1. Approval	(all)	2. Denial	(all)
	Reason for denial (if partial denial, iden	ntify specific area to be denied)	· /	
	Date			
		Inspection for Bv		, Assessor . Designee