F-269-FIR-R02-0308-20000092-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT		Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654		
REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT			www.maderacounty.com/g	overnment/assessor
Information for Property No.				
Name of organization				
Address of <i>this</i> property		(street, city, zi	p code)	
Owner only Operator only				
If claimant is owner, name of operato				
If claimant is operator, name of owne	er is			
	able 🗌 2. other <i>(explain)</i>	)		
B. Use of property				
1. The <b>primary activity</b> the pr			_	
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> </ul>	☐ e. fraternal ☐ f. fund raisi ☐ g. hospital	and lodge meetings ing	<ul> <li>i. medical (not hos</li> <li>j. recreational</li> <li>k. rehabilitation</li> </ul>	pital)
$\Box$ d. farming	$\square$ h. housing			
m. other <i>(explain)</i>	-			
b. Other <i>(explain)</i>				
			d or rented	
			bly necessary	
<ul><li>C. Operation of property for</li><li>1. In your opinion are services</li></ul>	s and expenses excessive			🗌 Yes 🗌 No
If answer is <b>yes</b> , explain: 2. In your opinion do operation If answer is <b>yes</b> , explain:	ns enhance anyone's priva			Yes No
<ol> <li>In your opinion is the claiman of the second second</li></ol>	ant's proposed new capita	l investment, if any, neo	cessary?	🗌 Yes 🗌 No
D. <b>Ownership of real property</b> (a If answer is <b>no</b> , explain:			ame of claimant	🗌 Yes 🗌 No
			owner file an exemption claim?	🗌 Yes 🗌 No
E. Supplemental Assessment (i	n claimant's name):		-	
1. Date of change in ownersh				🗌 Yes 🔲 No
2. Date of completion of new	construction			
<ol><li>Date put to exempt use</li></ol>			If only a portion of the pr	
4. Notice: date mailed				Not maile
6. Date first installment of sup	plemental tax bill become	s (became) delinquent	essor	
<ul> <li>F. A claim for veterans' organiz</li> <li>1. was filed last year  Yes</li> </ul>			)	
			(give complete address including zij	
G. Recommendation: 1. Approv				
	( )		(part)	
Date	Ins			

