| -269 VE | -FIR-R02-0308-22000051-1 FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTIOI SESSOR'S FIELD INSPECTION REPOR | | Vincent P. Kehoe County of Mariposa P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 | Assessor/Record |
|------------|---|---|---|-----------------|
| | REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT | | | |
| Info | rmation for Property No. | Year: | | |
| | ne of organization | | | |
| Add | dress of <i>this</i> property | | | |
| | Owner only Operator only Owne | (street) er-Operator Date of last insp | ; city, zip code) Dection of property | |
| | | | | |
| | aimant is operator, name of owner is | | | |
| | Claimant is primarily: | | | |
| | (check only one) 1. charitable 2 | . other <i>(explain)</i> | | |
| В. | Use of property | | | |
| | 1. The primary activity the property is us | sed for is: (check only one) | | |
| | b. commercial c. educational | e. fraternal and lodge meetin f. fund raising g. hospital h. housing | igs i. medical (not hos j. recreational k. rehabilitation l. informational | pital) |
| | m. other (explain) | | | |
| | 2. Other activities the property is used t | | 1 | |
| | b. Other(<i>explain</i>) | | · | |
| | 3. All or part (write in all or part where a | | leased or rented | |
| | b. vacant or unused | | | |
| | house personnel whose presence is n | | | |
| | C. Operation of property for benefit of 1. In your opinion are services and expension | nses excessive? | | 🗌 Yes 🗌 No |
| | If answer is yes, explain: In your opinion do operations enhance If answer is yes, explain: | e anyone's private gain? | | Yes No |
| | In your opinion is the claimant's propo If answer is no, explain: | sed new capital investment, if ar | ny, necessary? | □ Yes □ No |
| | Ownership of real property (as of applic If answer is no, explain: | able lien date) is recorded in ex | act name of claimant | Yes No |
| _ | | | _ Did owner file an exemption claim? | 🗌 Yes 🔛 No |
| | Supplemental Assessment (in claimant's 1. Date of change in ownership | | Papardad | 🗌 Yes 🗌 No |
| | Ownership in name of claimant? — | | | |
| | Date of completion of new construction | | | |
| | Explain what was constructed — | | | |
| | Date put to exempt use | | If only a portion of the pr | |
| | exempt use, describe exempt and nor | nexempt portions in detail | | |
| | 4. Notice: date mailed | | | |
| | 5. Date claim for exemption from Supple | | | |
| | 6. Date first installment of supplemental | | quent | |
| | A claim for veterans' organization exen | | | |
| | was filed last year Yes No is new this year Yes No was not filed last year, but claimed on another property located at | | | |
| | 3. was not filed last year, but claimed on | another property located at | (give complete address including zij | p code) . |
| | Recommendation: 1. Approval | | | |
| | Reason for denial <i>(if partial denial, identify</i> | , , , | | (all) |
| | Date | | | |
| | | • | | |

Vincent P. Kehoe

