REGULAR ASSESSMENT         Information for Property No.       Year;	i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)
Information for Property No. Year:   Name of organization   Address of <i>this</i> property   Owner only   Operator only   Claimant is owner, name of operator is   If claimant is operator, name of owner is   A. Claimant is primarily:   (check only one)   1. charitable   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   g. hospital   c. educational   g. hospital         2. Other activities the property is used for are: <ul> <li>a. list letters used in B1</li> <li>b. other (explain)</li> </ul> <th>i. medical (not hosp j. recreational k. rehabilitation l. informational</th> <th>pital)</th>	i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)
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□ Owner only       □ Operator only       □ Owner-Operator       Date of last inspection of proposed of the propertion of proposed of the propertion of the primary activity the property is used for is: (check only one)         B. Use of property       1. charitable       2. other (explain)         B. Use of property       1. charitable       2. other (explain)         □       a. administration       e. fraternal and lodge meetings         □       b. commercial       f. fund raising         □       c. educational       g. hospital         □       d. farming       h. housing         □       m. other (explain)	i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)
If claimant is owner, name of operator is	i. medical (not hosp j. recreational k. rehabilitation l. informational	pital)
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<ul> <li>E. Supplemental Assessment (in claimant's name):</li> <li>1. Date of change in ownership</li></ul>	ile an exemption claim?	🗌 Yes 🗌 No
	·	
		🗌 Yes 🗌 No
Ownership in name of claimant?		
Date of completion of new construction Explain what was constructed		
3. Date put to exempt use I	If only a portion of the pro	operty is put to an
exempt use, describe exempt and nonexempt portions in detail	• • •	
4. Notice: date mailed		
5. Date claim for exemption from Supplemental Assessment was filed with Assessor		
6. Date first installment of supplemental tax bill becomes (became) delinquent		
F. A claim for veterans' organization exemption on <i>this</i> property:		
1. was filed last year $\Box$ Yes $\Box$ No $$ 2. is new this year $$ $\Box$ Yes $$ $\Box$ No		
3. was not filed last year, but claimed on another property located at	ive complete address including zin	code)
	(part)	
Reason for denial (if partial denial, identify specific area to be denied)		
Date Inspection for		
By		Δεερεεί

