2-269-FIR-R02-0308-06000774-1 DE-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXI ASSESSOR'S FIELD INSPECTION			<b>Colusa County Asse</b> 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450	essor
SUPPLEMENTAL ASSESSMENT Information for Property No.	Year			
Name of organization				
Address of <i>this</i> property				
Owner only Operator only	Owner-Operator D	street, city, zip code) (street, city, zip code	e) property	
If claimant is owner, name of operator i				
If claimant is operator, name of owner i	6			
A. Claimant is primarily: (check only one) 1. charitab	_			
B. Use of property				
1. The primary activity the prop	erty is used for is: (check o	only one)		
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> </ul>	<ul> <li>e. fraternal and</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	I lodge meetings	<ul> <li>i. medical (not hos)</li> <li>j. recreational</li> <li>k. rehabilitation</li> <li>informational</li> </ul>	pital)
m. other ( <i>explain</i> )	•			
2. <b>Other activities</b> the property				
b. Other <i>(explain)</i>				
3. All or part (write in all or part				
b. vacant or unused house personnel whose pres				
C. Operation of property for be 1. In your opinion are services a	and expenses excessive?			🗌 Yes 🗌 No
If answer is <b>yes</b> , explain: 2. In your opinion do operations If answer is <b>yes</b> , explain:	enhance anyone's private			Yes No
<ol> <li>In your opinion is the claiman If answer is <b>no</b>, explain:</li> </ol>	t's proposed new capital inv	vestment, if any, necess	ary?	🗌 Yes 🗌 No
D. <b>Ownership of real property</b> (as If answer is <b>no</b> , explain:				☐ Yes ☐ No
		Did owne	er file an exemption claim?	🗌 Yes 🗌 No
<ul><li>E. Supplemental Assessment (in of 1. Date of change in ownership)</li></ul>				🗌 Yes 🗌 No
Ownership in name of claima 2. Date of completion of new co Explain what was constructed	nstruction			
<ol> <li>Date put to exempt use</li> <li>exempt use, describe exempt</li> </ol>			If only a portion of the pressure of the pr	
<ol> <li>4. Notice: date mailed</li> <li>5. Date claim for exemption from</li> </ol>				🗌 Not maile
6. Date first installment of suppl				
F. A claim for veterans' organizat				
1. was filed last year 🛛 Yes				
3. was not filed last year, but cla	imed on another property lo	ocated at	(dive complete address including =:-	
G. Recommendation: 1. Approval				
Reason for denial (if partial denia	l, identify specific area to be			
Date	Inspec	tion for		, Assesso
		Ву		, Designe

ASA CON

**Bob Buckner** 

