	PORT	CALIFORNIA	Colusa, CA 95932 (530) 458-0450	
SUPPLEMENTAL ASSESSMENT	Vear			
Name of organization				
Address of <i>this</i> property	Owner-Operator [	(street, city, zip co	ode) If property	
If claimant is operator, name of owner is A. Claimant is primarily:				
(check only one) 📋 1. charitable	$\Box$ 2. other <i>(explain)</i> _			
B. Use of property		<i>,</i> ,		
1. The <b>primary activity</b> the propert				
a. administration		0 0	i. medical (not hosp	pital)
b. commercial	f. fund raising		j. recreational	
└ c. educational	☐ g. hospital □ h. housing		k. rehabilitation	
☐ d. farming ☐ m. other (explain)	•			
2. <b>Other activities</b> the property is				
b. Other (explain)				
3. All or part (write in all or part wh				
b. vacant or unused				
house personnel whose presence				
<ul><li>C. Operation of property for bene</li><li>1. In your opinion are services and</li></ul>				🗌 Yes 🗌 No
If answer is <b>yes</b> , explain:				
2. In your opinion do operations en				🗌 Yes 🗌 No
If answer is <b>yes</b> , explain:		<u> </u>		
3. In your opinion is the claimant's If answer is <b>no</b> , explain:		nvestment, if any, neces	sary?	🗌 Yes 🗌 No
D. Ownership of real property (as of If answer is no, explain:			e of claimant	🗌 Yes 🗌 No
· ·			vner file an exemption claim?	Yes No
E. Supplemental Assessment (in clai				
1. Date of change in ownership				🗌 Yes 🗌 No
Ownership in name of claimant? 2. Date of completion of new const	ruction			
Explain what was constructed —				
3. Date put to exempt use				
exempt use, describe exempt ar				
<ol> <li>Notice: date mailed</li> <li>Date claim for exemption from S</li> </ol>				
<ol> <li>Date claim for exemption from S</li> <li>Date first installment of supplem</li> </ol>				
F. A claim for veterans' organization				
1. was filed last year				
3. was not filed last year, but claim				
	(all)			
G. Recommendation: 1. Approval				
Reason for denial ( <i>if partial denial, ic</i>	dentify specific area to l			

ASA CON

**Bob Buckner** 

