	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 primary activity 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. Other activities the property is				
b. Other (explain)				
3. All or part (write in all or part wh				
b. vacant or unused				
house personnel whose presence				
C. Operation of property for bene1. In your opinion are services and				🗌 Yes 🗌 No
If answer is yes , explain:				
2. In your opinion do operations en				🗌 Yes 🗌 No
If answer is yes , explain:		<u> </u>		
3. In your opinion is the claimant's If answer is no , 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				
 Notice: date mailed Date claim for exemption from S 				
 Date claim for exemption from S Date first installment of supplem 				
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

