BOE-267-FIR REV. 02 (03-08)

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

Year:	REGULAR ASSESSMENT	
Information for Property No	SUPPLEMENTAL ASSESSMENT	
Address of <i>this</i> property	(street. citv. zip. code)	
Owner only Operator only Owner-Opera	tor Date of last inspection of property	
	eligious \square 2. hospital \square 3. scientific \square 4. charitable	:
B. Use of property	o: (chack ank and)	
 The primary activity the property is used for i a. administration e. 		ıl (not hospital)
	fund raising j. recreat	
	hospital k. rehabil	
	housing	
	ist letters used in B1	
b. Other (explain)		
3. All or part (write in all or part where applicable) of the property is: a. leased or rented		
b. vacant or unused	c. in excess of that reasonably necessary	d. used to
house personnel whose presence is not in C. Operation of property for benefit of persons	stitutionally necessary	
In your opinion are services and expenses exceptions are services and expenses exceptions.	essive?	☐ Yes ☐ No
If answer is yes , explain:		
2. In your opinion do operations enhance anyone's p	rivate gain?	☐ Yes ☐ No
If answer is yes , explain:		
3. In your opinion is the claimant's proposed new cap	oital investment, if any, necessary?	☐ Yes ☐ No
If answer is no , explain:		
D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant		
If answer is no , explain:		
E. Supplemental Assessment (in claimant's name).	Did owner file an exemption clair	m?
Date of change in ownership	Record	ed Yes No
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•		
•	If only a portion of the p	
	portions in detail	
	portions in detail	_
	ssessment was filed with Assessor	
	mes (became) delinquent	
	: 1. was filed last year \square Yes \square No 2. is new this	
was not filed last year but claimed on anot		uding zip code)
G. Recommendation: 1. Approval	2 Denial	
	ific area to be denied)	(all)
Date	Inspection for	Assessor
	By	, / toccooor