EF-269-FIR-R02-0308-14000321-1
BOE-269-FIR REV. 02 (03-08)

County of Inyo
Dave Stottlemyre, Assessor
PO Box J
Independence, CA 93526
760 878-0302 Phone
inyoassessor@inyocounty.us

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Information for Property No. _____ Year: _____

Name of organization _____

Address of ***this*** property _____
(street, city, zip code)

☐ Owner only ☐ Operator only ☐ Owner-Operator Date of last inspection of property _____

If 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	☐ e. fraternal and lodge meetings	☐ i. medical (not hospital)
☐ b. commercial	☐ f. fund raising	☐ j. recreational
☐ c. educational	☐ g. hospital	☐ k. rehabilitation
☐ d. farming	☐ h. housing	☐ l. informational

☐ m. other *(explain)* _____

2. **Other activities** the property is used for are: a. List 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 institutionally necessary _____

C. **Operation of property for benefit of persons**

1. In your opinion are services and expenses excessive? ☐ Yes ☐ No
If answer is **yes**, explain: _____
2. In your opinion do operations enhance anyone's private gain? ☐ Yes ☐ No
If answer is **yes**, explain: _____
3. In your opinion is the claimant's proposed new capital 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 ☐ Yes ☐ No
If answer is **no**, explain: _____
_____ Did owner file an exemption claim? ☐ Yes ☐ No

E. **Supplemental Assessment** (in claimant's name):

1. Date of change in ownership _____ Recorded ☐ Yes ☐ No
Ownership in name of claimant? _____
2. Date of completion of new construction _____
Explain what was constructed _____
3. Date put to exempt use _____ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail _____
4. Notice: date mailed _____ ☐ Not 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 *this* property:**

1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No
3. was not filed last year, but claimed on another property located at _____ .
(give complete address including zip code)

G. **Recommendation:** 1. Approval _____ *(all)* 2. Denial _____ *(part)* _____ *(all)*

Reason for denial *(if partial denial, identify specific area to be denied)* _____

Date _____ Inspection for _____, Assessor
By _____, Designee

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