				Kristine Lee Kings County 1400 W. Lacey Blvo Hanford, CA 93230 559-852-2486 Fax: 559-582-2794	
SUPPLEMEN	SSESSMENT ITAL ASSESSMENT	N			
	roperty No.				
Name of organiz	ation				
	property		(street, city	, zip code)	
				tion of property	
	er, name of operator is ator, name of owner is				
A. Claimant is per					
(check only o	one) 📋 1. charitable	2. other (explain)			
B. Use of prop 1. The prima	erty ary activity the property	y is used for is: (check	only one)		
☐ b. cc ☐ c. ec ☐ d. fa	dministration ommercial ducational rming her (<i>explain</i>)	 e. fraternal ar f. fund raising g. hospital h. housing 	g	 i. medical (r j. recreation k. rehabilitation I. information 	al
2. Other ac		used for are: a. List le	etters used in B1		
	,			sed or rented	
b. vacan	t or unused	c. in ex	cess of that reason	nably necessary	d. used to
C. Operatio 1. In your op	n of property for bene pinion are services and	fit of persons expenses excessive?			🗌 Yes 🗌 No
2. In your op	is yes , explain: pinion do operations ent	hance anyone's private	e gain?		🗌 Yes 🗌 No
In your op	If answer is yes , explain:3. In your opinion is the claimant's proposed new capital investment, if any, necessary?				
D. Ownership o	of real property (as of a	applicable lien date) is	recorded in exact		🗌 Yes 🗌 No
	•			id owner file an exemption of	claim? 🗌 Yes 🗌 No
1. Date of c				Reco	
Date of c	ompletion of new constr	ruction			
3. Date put	to exempt use			If only a portion of	the property is put to an
4. Notice: d	late mailed			ssessor	Not mailed
6. Date first		ental tax bill becomes	(became) delinque	nt	
	last year Yes		/ear 🗌 Yes 🔲	Νο	
3. was not f	iled last year. but claime	ed on another property	located at	(give complete address inc	
	dation: 1. Approval				luding zip code)
			be denied)		
Date		Inspe			
			Ву		, Designee

