EF-269-FIR-R02-0308-20000333-1 BOE-269-FIR REV. 02 (03-08)

## VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710

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www.maderacounty.com/government/assessor

	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	0.0	www.maderacounty.com/g	overnment/assessor
		Year:		
Addr	ess of <i>this</i> property	(stree		
	wher only	Owner Operator Date of last ins	et, city, zip code) spection of property	
	mant is operator, name of owner is			
(0		2. other (explain)		
	Jse of property			
1	. The <b>primary activity</b> the propert	ty is used for is: (check only one)		
	a. administration	<ul><li>e. fraternal and lodge meetil</li></ul>	ngs $\ \square$ i. medical (not hos	pital)
	☐ b. commercial	f. fund raising	☐ j. recreational	
	☐ c. educational	☐ g. hospital	k. rehabilitation	
	☐ d. farming	h. housing	☐ I. informational	
	m. other (explain)			
2	· • •		31	
3			. leased or rented	
			asonably necessary	
С	Operation of property for bene			
	. In your opinion are services and			☐ 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:			
3	. In your opinion is the claimant's	proposed new capital investment, if a	iny, necessary?	☐ Yes ☐ No
	If answer is <b>no</b> , explain:			
D. <b>O</b>	Ownership of real property (as of	applicable lien date) is recorded in ex	xact name of claimant	☐ Yes ☐ No
lf	answer is <b>no</b> , explain:			
_			_ Did owner file an exemption claim?	☐ Yes ☐ No
	<b>Supplemental Assessment</b> (in clai			
1				☐ Yes ☐ No
	Ownership in name of claimant?	? ———		
2	. Date of completion of new const			
	Explain what was constructed —			
3			If only a portion of the pr	
	exempt use, describe exempt ar	nd nonexempt portions in detail		
-	. Notice: date mailed			Not maile
5			ith Assessor	
			nquent	
	claim for veterans' organization			
		No 2. is new this year ☐ Yes		
3	. was not filed last year, but claime	ed on another property located at	(give complete address including zi	n code)
Э. <b>К</b>	Approval	(all)	2. Delliai (part)	(all)
R	Reason for denial (if partial denial, id	dentify specific area to be denied)		
_				
D	oate	Inspection for		, Assesso