

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Katrina Bartolomie
MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020
Ukiah, CA 95482
Telephone: (707) 234-6800
Fax: (707) 463-6597

Year: _____ [] REGULAR ASSESSMENT
Information for Property No. _____ [] SUPPLEMENTAL ASSESSMENT

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. religious [] 2. hospital [] 3. scientific [] 4. charitable
[] 5. 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 welfare 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

