| EF-269-FIR-R02-0308-23000731-1<br>BOE-269-FIR REV. 02 (03-08)   |   |
|---|---|
| VETERANS' ORGANIZATION EXEMPTION<br>ASSESSOR'S FIELD INSPECTION REPO                                      |   |
| REGULAR ASSESSMENT     SUPPLEMENTAL ASSESSMENT     Information for Property No Name of organization       |   |
| Address of <i>this</i> property   | (street city zin  |
| Owner only Operator only Owner  | ner-Operator Date of last inspection  |
| If claimant is owner, name of operator is   |   |
| If claimant is operator, name of owner is   |   |
| A. Claimant is primarily:<br>(check only one) 1. charitable   | 2. other (explain)  |
| <ul><li>B. Use of property</li><li>1. The primary activity the property is</li></ul>                      | used for is: (check only one)   |
| <ul><li>b. commercial</li><li>c. educational</li></ul>  | <ul> <li>e. fraternal and lodge meetings</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul> |
|   | d for are: a. List letters used in B1   |
| b. vacant or unused   | <i>applicable)</i> of the property is: a. leased<br>c. in excess of that reasonabl<br>not institutionally necessary   |
| <ul><li>C. Operation of property for benefit of</li><li>1. In your opinion are services and exp</li></ul> | of persons  |

SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

|    | 1. was filed last year 🗌 Yes 🗌 N  | lo 2. is new this year 🗌 Yes 🗌 No   |                       |
|----|---|---|-----------------------|
| F. | A claim for veterans' organization e  |   |                       |
| E  |   | ntal tax bill becomes (became) delinquent   |                       |
|    |   |   |                       |
|    | 4. Notice: date mailed  | pplemental Assessment was filed with Assessor   |                       |
|    |   | nonexempt portions in detail  |                       |
|    |   | If only a portion of the  |                       |
|    | Explain what was constructed —  | If only a partian of the  | proporty is put to ar |
|    | •   | iction  |                       |
|    |   |   |                       |
|    |   | Recorded  |                       |
| E. | Supplemental Assessment (in claim   |   |                       |
|    |   | Did owner file an exemption claim   | ? 🗌 Yes 🗌 No          |
|    |   |   |                       |
| D. |   | oplicable lien date) is recorded in exact name of claimant  | 🗌 Yes 🗌 No            |
|    |   | oposed new capital investment, if any, necessary :  |                       |
|    | 3. In your opinion is the claimant's pr                                     | oposed new capital investment, if any, necessary?   | Yes No                |
|    | If answer is <b>yes</b> , explain:  |   |                       |
|    | If answer is <b>yes</b> , explain:<br>2. In your opinion do operations enha |   | Yes No                |
|    | 1. In your opinion are services and e                                       |   | 🗌 Yes 🗌 No            |
|    | C. Operation of property for benefi   |   |                       |
|    |   | is not institutionally necessary  |                       |
|    |   | c. in excess of that reasonably necessary   |                       |
|    |   | ere applicable) of the property is: a. leased or rented   |                       |
|    | b. Other (explain)  |   |                       |
|    |   | sed for are: a. List letters used in B1   |                       |
|    | m. other <i>(explain)</i>   |   |                       |
|    | <ul> <li>□ c. educational</li> <li>□ d. farming</li> </ul>                  | □  g. hospital    □  h. housing    □  I. informational  |                       |
|    | b. commercial   | □       f. fund raising       □       j. recreational         □       g. hospital       □       k. rehabilitation |                       |
|    | a. administration   | L e. fraternal and lodge meetings L i. medical (not h   | ospital)              |
|    | 1. The <b>primary activity</b> the property                                 |   |                       |
| Β. | Use of property   |   |                       |
|    | (check only one) 🔲 1. charitable  | 2. other (explain)  |                       |
| Α. | Claimant is primarily:  |   |                       |
|    | claimant is operator, name of owner is                                      |   |                       |
|    |   |   |                       |
|    | Owner only 🗌 Operator only 🗌 O  | owner-Operator Date of last inspection of property  |                       |
| Ad | ddress of <i>this</i> property  | (street city zin code)  |                       |
| Na | ame of organization   |   |                       |
|    |   |   |                       |

