F-269-FIR-R02-0308-23000101-1 Katrina Bartol DE-269-FIR REV. 02 (03-08) MENDOCINO VETERANS' ORGANIZATION EXEMPTION S01 Low Gap Roa ASSESSOR'S FIELD INSPECTION REPORT Ukiah, CA 95482 Telephone: (707) 2 Fax: (707) 463-65			COUNTY ASSESSOR ad, Room 1020 234-6800	
		Fax. (707) 405-0597		
SUPPLEMENTAL ASSESSMENT	Year:			
Address of <i>this</i> property	(street, city, zi			
	(street, city, zi Owner-Operator Date of last inspectio	ip code) p. of proporty		
If claimant is owner, name of operator				
If claimant is operator, name of owner				
	able 2. other (<i>explain</i>)			
B. Use of property				
	operty is used for is: <i>(check only one)</i>	_		
a. administration		i. medical (not hospi	ital)	
b. commercial	f. fund raising	j. recreational		
c. educational	☐ g. hospital	k. rehabilitation		
d. farming	h. housing	I. informational		
	ty is used for are: a. List letters used in B1			
	ty is used for are: a. List letters used in B1			
	art where applicable) of the property is: a. lease c. in excess of that reasonal			
	esence is not institutionally necessary			
C. Operation of property for				
1. In your opinion are services			🗌 Yes 🗌 No	
	ns enhance anyone's private gain?		∐ Yes ∐ No	
If answer is yes , explain:			Yes No	
3. In your opinion is the claima lf answer is no , explain:	ant's proposed new capital investment, if any, new	cessary?		
· · ·	is of applicable lien date) is recorded in exact na	amo of alaimant	Yes No	
If answer is no , explain:				
		owner file an exemption claim?	□ Yes □ No	
E. Supplemental Assessment (ir	n claimant's name):			
1. Date of change in ownershi	p		🗌 Yes 🗌 No	
Ownership in name of claim	nant?			
Date of completion of new of	construction			
Explain what was constructed	ed			
			• •	
	pt and nonexempt portions in detail			
	an Supplemental According to the Acc			
	om Supplemental Assessment was filed with Ass plemental tax bill becomes (became) delinquent			
	ation exemption on <i>this</i> property:			
-	\square No 2. is new this year \square Yes \square No	1		
	claimed on another property located at			
G. Recommendation: 1. Approva	al 2. D	enial	(all)	
	ial, identify specific area to be denied)	"		
 Date				
	-			
	2 <i>j</i> 		, _ coign	

