DE-269 <b>VE</b>	9-FIR-R02-0308-25000118-1 9-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMP SESSOR'S FIELD INSPECTION REF	and the second se	Kristen DePaul Modoc County Asses 204 Sout Court Street, Suite Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	- Autor	assessor@co.modoc.ca.us	
Info	ormation for Property No.	Year:		
Na	me of organization			
Ad	dress of <i>this</i> property	(stra		
	Owner only 🗌 Operator only 🗌 O	Owner-Operator Date of last in	spection of property	
lf c	laimant is owner, name of operator is			
lf c	laimant is operator, name of owner is			
	Claimant is primarily:			
В.	Use of property			
	1. The primary activity the property	is used for is: (check only one)		
	<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (explain)</li> </ul>	<ul> <li>e. fraternal and lodge meet</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	<ul> <li>j. recreational</li> <li>k. rehabilitation</li> <li>I. informational</li> </ul>	bital)
	2. Other activities the property is u	sed for are: a. List letters used in	31	
			a. leased or rented	
	b. vacant or unused	c. in excess of that re	easonably necessary	d. used to
	<ul><li>C. Operation of property for benef</li><li>1. In your opinion are services and e</li></ul>	it of persons expenses excessive?		🗌 Yes 🗌 No
	2. In your opinion do operations enh			Yes No
	<ul> <li>If answer is <b>yes</b>, explain:</li> <li>In your opinion is the claimant's p If answer is <b>no</b>, explain:</li> </ul>	roposed new capital investment, if a	any, necessary?	Yes No
D.	<b>Dwnership of real property</b> (as of applicable <b>lien date</b> ) is recorded in exact name of claimant F answer is <b>no</b> , explain:			
			Did owner file an exemption claim?	🗌 Yes 🗌 No
E.	Supplemental Assessment (in claim	nant's name):	-	
			Recorded	∐ Yes ∐ No
	-			
	3. Date put to exempt use		If only a portion of the pro	· · ·
	<ol> <li>Notice: date mailed</li> <li>Date claim for exemption from Su</li> </ol>	pplemental Assessment was filed v	vith Assessor	Ot mailed
F	6. Date first installment of suppleme <b>A claim for veterans' organization</b>		nquent	
F.	1. was filed last year 🗌 Yes 🗌 I	No 2. is new this year  Yes		
	3. was not filed last year, but claimer	d 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, ide	entify specific area to be denied)		
	Date	-		
		Ву		, Designee

