EF-269-FIR-R02-0308-27000102-1 BOE-269-FIR REV. 02 (03-08)

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



## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

	REGULAR ASSESSMENT		1830		assesso	or@co.monterey.ca.	us
	SUPPLEMENTAL ASSESSMENT mation for Property No	Year					
	e of organization						
Addr	ress of <i>this</i> property						
	Owner only  Operator only	Owner-Operator	Date of last in	eet, city, zip code)	ronerty		
	imant is owner, name of operator is						
	•						
	imant is operator, name of owner is						
(	Claimant is primarily: (check only one) 1. charitable	☐ 2. other (explain	in)				
	Jse of property						
1	. The <b>primary activity</b> the propert						
	a. administration		al and lodge meet	ings		medical (not hosp	oital)
	☐ b. commercial	f. fund rai	•		_ ′	recreational	
	c. educational	g. hospital			_	rehabilitation	
	d. farming	☐ h. housing			□ I.	informational	
	☐ m. other (explain)						
2	2. Other activities the property is						
	b. Other(explain)						
3	B. All or part (write in all or part wi						
	b. vacant or unusedhouse personnel whose present	C. in	excess of that re	easonably ne	cessary _		d. used to
	C. Operation of property for bene		ny necessary				
	. In your opinion are services and		/e?				☐ Yes ☐ N
	If answer is <b>yes</b> , explain:	· ·					
2	. In your opinion do operations en						☐ Yes ☐ N
	If answer is <b>yes</b> , explain:						
3	. In your opinion is the claimant's			•	•		☐ Yes ☐ N
	If answer is <b>no</b> , explain:						
	Ownership of real property (as of		•		f claimant	t	☐ Yes ☐ N
lf	f answer is <b>no</b> , explain:						
	Supplemental Assessment (in clai			Did owne	r file an e	xemption claim?	☐ Yes ☐ N
	. Date of change in ownership					Recorded	☐ Yes ☐ N
	Ownership in name of claimant?						_ 100 _ 11
2	Date of completion of new const						
	Explain what was constructed —						
3	Explain what was constructed — If only a portion of the property is put to an						
	exempt use, describe exempt ar	nd nonexempt portion	ons in detail				
	. Notice: date mailed						
5	<ol><li>Date claim for exemption from S</li></ol>	Supplemental Asses	sment was filed v	vith Assessor			
6	<ol> <li>Date first installment of supplem</li> </ol>	ental tax bill becom	es (became) deli	nquent			
	A claim for veterans' organization						
	. was filed last year $\ \square$ Yes $\ \square$						
3	. was not filed last year, but claim	ed on another prope	erty located at		(aivo compl	oto addrono includina zin	nodo)
						ete address including zip	code)
G. R	Recommendation: 1. Approval 2. Denial						(all)
R	Reason for denial (if partial denial, identify specific area to be denied)						
_							
	Date	In	•				
			Bv				. Design