OE-269 <b>VE</b>	-FIR-R02-0308-39000681-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTIO SESSOR'S FIELD INSPECTION REPOR		Steve J. Bestolaride Assessor-Recorder- San Joaquin County 44 N San Joaquin Street S Stockton, CA 95202-3273 Exemptions: (209) 468-264	County Clerk
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT rmation for Property No	Vear <sup>.</sup>	https://www.sjgov.org/depa	
	me of organization			
Ad	dress of <i>this</i> property			
	Owner only Operator only Own	er-Operator Date of last ins	et, city, zip code)	
	aimant is operator, name of owner is			
	Claimant is primarily:			
	(check only one) 1. charitable 2	2. other <i>(explain)</i>		
В.	Use of property			
	1. The <b>primary activity</b> the property is u	sed for is: (check only one)		
	b. commercial     c. educational	<ul> <li>e. fraternal and lodge meetin</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	j. recreational k. rehabilitation l. informational	
	2. Other activities the property is used	for are: a. List letters used in B		
	b. Other(explain)			
	3. All or part (write in all or part where a	·· · · ·	. leased or rented asonably necessary	
	<ul><li>C. Operation of property for benefit of</li><li>1. In your opinion are services and experience</li></ul>	f persons		Yes No
	If answer is <b>yes</b> , explain: 2. In your opinion do operations enhanc	e anyone's private gain?		Yes No
	<ul> <li>If answer is <b>yes</b>, explain:</li> <li>In your opinion is the claimant's proportion of the second s</li></ul>	osed new capital investment, if a	ny, necessary?	Yes No
D.	Ownership of real property (as of applied in the second se	cable lien date) is recorded in ex		🗌 Yes 🗌 No
			_ Did owner file an exemption claim?	🗌 Yes 🗌 No
E.	Supplemental Assessment (in claimant	's name):		
	1. Date of change in ownership			🗌 Yes 🗌 No
	2. Date of completion of new construction	on		
	3. Date put to exempt use			operty is put to an
	<ol> <li>exempt use, describe exempt and no</li> <li>Notice: date mailed</li> </ol>			
	<ol> <li>5. Date claim for exemption from Supple</li> </ol>			
	<ol> <li>Date first installment of supplemental</li> </ol>			
F.	A claim for veterans' organization exer			
	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	(aive complete address including zi	n code)
G.	Recommendation: 1. Approval			
	Reason for denial (if partial denial, identif			
	 Date	Inspection for		, Assesso
		Ву		, Designe

