OE-269 VE	-FIR-R02-0308-39000243-1 0-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 prmation for Property No	Vear	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	t, city, zip code) pection of property	
	laimant is operator, name of owner is			
	Claimant is primarily:			
7.0	(check only one) 1. charitable	2. other <i>(explain)</i>		
В.	Use of property			
	1. The primary activity the property is u	ised for is: (check only one)		
	b. commercial c. educational	 e. fraternal and lodge meetir f. fund raising g. hospital h. housing 	j. recreational k. rehabilitation l. informational	
	2. Other activities the property is used	for are: a. List letters used in B	1	
	b. Other(<i>explain</i>)			
	3. All or part (write in all or part where a	· · · · ·	leased or rented	
	C. Operation of property for benefit o1. In your opinion are services and experience	f persons		□ Yes □ No
	If answer is yes , explain: 2. In your opinion do operations enhance	e anyone's private gain?		Yes No
	 If answer is yes, explain: In your opinion is the claimant's proportion of the second s	osed new capital investment, if a	ny, necessary?	Yes No
D.	Ownership of real property (as of applicable lien date) is recorded in exact name of claimant			
			_ Did owner file an exemption claim?	🗌 Yes 🗌 No
Ε.	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
	 exempt use, describe exempt and no 4. Notice: date mailed 			
	 5. Date claim for exemption from Supple 			
	 Date first installment of supplemental 			
F.	A claim for veterans' organization exe			
	1. was filed last year \Box Yes \Box No			
	3. was not filed last year, but claimed or	another property located at	(aive complete address including zi	code)
G.	Recommendation: 1. Approval			
	Reason for denial (if partial denial, identif			
	Date			
		Ву		, Designe

