EF-269-FIR-R02-0308-40000241-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Inspection for ______, Assessor

By ______, Designee

Information for Property No. Year:		REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		Fax: (805) 781-5641 Email: Assessor@co.slo.ca		
Name of organization Address of this property Owner-Operator Date of last inspection of property If claimant is owner, name of owner is A Claimant is primarity: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activity the property is used for is: (check only one) 1. The primary activities on the check only one) 1. A lit or part (write in all or part where applicable) 2. Other (explain) 2. Other (explain) 2. Other (explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented 2. thouse personnel whose presence is not institutionally necessary 3. In your opinion are services and expenses excessive? yes No 4. If answer is yes, explain: 2. In your opinion do operations enhance anyone's private gain? yes No 5. If answer is yes, explain: 6. In your opinion is the claimant's proposed new capital investment, if any, necessary? yes No 6. If answer is no, explain: 7. Downership of real property (as of applicable lien date) is recorded in exact name of claimant yes No 6. Supplemental Assessment (in claimant's name): 8. Date of change in ownership Recorded yes No 9. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant yes No 1. Date of change in ownership Recorded yes No 1. Date of change in ownership Recorded yes No 1. Date of change in ownership Recorded yes No 1. Date of change in ownership Recorded yes No 2. Date of completion of new cons			Year [.]			
Address of this property Owner-Operator Date of last inspection of property						
Date of last inspection of property Owner-Operator						
If claimant is owner, name of operator is If claimant is operator, name of owner is A. Claimant is primarily: (check only one)			(street, Owner-Operator Date of last inspe	city, zip code) ection of property		
If claimant is operator, name of owner is A. Claimant is primarily: (check only one)						
A. Claimant is primarily: (check only one) 1. charitable 2. other (explain) B. Use of property 1. The primary activity the property is used for is: (check only one)	If clair	mant is operator, name of owner is				
1. The primary activity the property is used for is: (check only one) a. administration e. fraternal and lodge meetings i. medical (not hospital) b. commercial f. fund raising j. recreational c. educational g. hospital k. rehabilitation d. farming h. housing l. informational b. other (explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary c. operation of property for benefit of persons l. in your opinion are services and expenses excessive? yes No if answer is yes, explain: l. nyour opinion of operations enhance anyone's private gain? yes No if answer is yes, explain: l. nyour opinion is the claimant's proposed new capital investment, if any, necessary? yes No if answer is no, explain: Did owner file an exemption claim? Yes No if answer is no explain: Did owner file an exemption claim? Yes No if answer is no explain: Did owner file an exemption claim? Yes No Ownership of real property (as of applicable lien date) is recorded in exact name of claimant Yes No Ownership in name of claimant? Did owner file an exemption claim? Yes No Ownership in name of claimant? Ownership Recorded Yes No Ownership in name of claimant? Ownership Recorded Yes No Ownership in name of claimant? Ownership Owner	A. C	laimant is primarily: check only one) 1. charitable				
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d. farming n. housing l. informational m. other (explain)		b. commercial	f. fund raising	j. recreational		
m. other (explain) 2. Other activities the property is used for are: a. List letters used in B1 b. Other(explain) 3. All or part (write in all or part where applicable) of the property is: a. leased or rented b. vacant or unused c. in excess of that reasonably necessary d. used to house personnel whose presence is not institutionally necessary C. Operation of property for benefit of persons yes yes No If answer is yes, explain: 2. In your opinion are services and expenses excessive? yes No If answer is yes, explain: 3. In your opinion is the claimant's proposed new capital investment, if any, necessary? yes No If answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant yes No If answer is no, explain: Did owner file an exemption claim? yes No If answer is no, explain: Did owner file an exemption claim? yes No Ownership of real property (as of applicable lien date) is recorded in exact name of claimant yes No Ownership in name of claimant? Recorded yes No Ownership in name of claimant? Recorded yes No Ownership in name of claimant? If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail Notice: date mailed Not maile Date claim for exemption from Supplemental Assessment was filed with Assessor Date claim for exemption from Supplemental Assessment was filed with Assessor Date claim for exemption from Supplemental assessment was filed with Assessor Date claim for exemption from Supplemental assessment was filed with Assessor Date claim for exemption from Supplemental assessment was filed with Assessor Date claim for exemption from Supplemental assessment was filed with Assessor Date claim for exemption from Supplemental assessment was filed with Assessor Date claim for exemption from Sup		C. educational	g. hospital	k. rehabilitation		
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C. Operation of property for benefit of persons 1. In your opinion are services and expenses excessive?	3.	. All or part (write in all or part wh	nere applicable) of the property is: a. I	eased or rented		
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1. In your opinion are services and expenses excessive? Yes No If answer is yes, explain: Yes No If answer is no, explain: Yes No If answer is no, explain: Yes No If answer is no, explain: Did owner file an exemption claim? Yes No If answer is no, explain: Did owner file an exemption claim? Yes No No No No No No No N	0					
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3. In your opinion is the claimant's proposed new capital investment, if any, necessary?						
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2. Date of completion of new construction Explain what was constructed 3. Date put to exempt use	1.	Date of change in ownership		Recorded	☐ Yes ☐ No	
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3. was not filed last year, but claimed on another property located at G. Recommendation: 1. Approval 2. Denial		_		٦		
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	G. R	ecommendation: 1. Approval	(all)	2. Denial		
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Date ___