EF-269-FIR-R02-0308-43000080-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Greg Monteverde Acting Assessor

Exemptions Unit
West Tasman Campus
130 W Tasman Drive
San Jose, CA 95134
Ph: (408) 299-6460
exemptions@asr.sccgov.org

	SUPPLEMENTAL ASSESSMENT rmation for Property No Year:			exemptions@asr.sccgov.org www.sccassessor.org		
					www.sccasscssor.org	
Address of	rganization					
Ourser	f this propertyonly \text{Operator only \text{O}}	Owner Operator	(stree	et, city, zip code)		
	s operator, name of owner is					
	nt is primarily: only one) ☐ 1. charitable	☐ 2. other (explain	n)			
B. Use of	property					
1. The	primary activity the property	is used for is: (che	ck only one)			
	a. administration	e. fraternal	and lodge meeti	ngs	i. medical (not hosp	oital)
	b. commercial	f. fund rais	ing		☐ j. recreational	
	c. educational	☐ g. hospital			k. rehabilitation	
	d. farming	h. housing			I. informational	
	m. other (explain)					
2. Oth	ner activities the property is u	used for are: a. List	letters used in E	31		
b. (Other(explain)					
	or part (write in all or part whe					
b. v	vacant or unused	c. in	excess of that re	asonably ned	cessary	d. used to
	ise personnel whose presence		y necessary			
	eration of property for bene		.0			□ va a □ Na
	our opinion are services and					☐ Yes ☐ No
	nswer is yes , explain: our opinion do operations enh					☐ Yes ☐ No
-	nswer is yes , explain:	•	-			
	our opinion is the claimant's p				rv?	☐ Yes ☐ No
•	nswer is no , explain:			•	•	_ 100 _ 110
	ship of real property (as of a					☐ Yes ☐ No
	er is no , explain:					
					r file an exemption claim?	☐ Yes ☐ No
	emental Assessment (in clain					
	te of change in ownership					☐ Yes ☐ No
Ow	nership in name of claimant?					
	te of completion of new constr					
	plain what was constructed —				If and the months of the con-	
	te put to exempt use				• •	
	empt use, describe exempt and					
	tice: date mailed te claim for exemption from Su					
	e first installment of suppleme					
	n for veterans' organization			iquent		
	s filed last year Yes	=		□ No		
3. Was	s not filed last year, but claime	o on another prope	rty located at		(give complete address including zip	code)
G. Recom	nmendation: 1. Approval	(2/1)		2. Denial _	(nart)	(all)
G. Recommendation: 1. Approval 2. Denial						, ,
110001	i ioi deiliai (ii partiai deiliai, id	chiny specific area	-			
Date		Inc				
שמוכ		1113	Rv			, Assessui Designee

