WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Glenn Zook Solano County Assessor/Recorder 675 Texas Street Ste 2700

Fairfield CA 94533-6338 (707) 784-6210 https://www.solanocounty.com/depts/ar assessor@solanocounty.gov

Yea	r: REGULAR ASSESSMENT	
Info	rmation for Property No SUPPLEMENTAL ASSESSMENT	
Name of organization		
Address of <i>this</i> property		
☐ Owner only ☐ Operator only ☐ Owner-Operator ☐ Date of last inspection of property		
If claimant is owner, name of operator is		
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A.	Claimant is primarily: (check only one) ☐ 1. religious ☐ 2. hospital ☐ 3. scientific ☐ 4. charitable	
	5. other (explain)	
	Use of property	
	 The primary activity the property is used for is: (check only one) a. administration e. fraternal and lodge meetings i. medical (no 	t hospital)
	\square b. commercial \square f. fund raising \square j. recreational	
	☐ c. educational ☐ g. hospital ☐ k. rehabilitatio	n
	☐ d. farming ☐ h. housing ☐ l. informationa	al
	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	
C.	house personnel whose presence is not institutionally necessary	
	In your opinion are services and expenses excessive?	☐ Yes ☐ No
	If answer is yes , explain:	
2.	In your opinion do operations enhance anyone's private gain?	☐ 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:	
	Ownership of real property (as of applicable lien date) is recorded in exact name of claimant	☐ Yes ☐ No
	If answer is no , explain:	
E.	Supplemental Assessment (in claimant's name): Did owner file an exemption claim?	☐ Yes ☐ No
	Date of change in ownership Recorded	☐ Yes ☐ No
	Ownership in name of claimant?	
2.	Date of completion of new construction	
	Explain what was constructed	
	Date put to exempt use If only a portion of the prope	
0.	exempt use, describe exempt and nonexempt portions in detail only a position of the property of t	• •
4.	Notice: date mailed	
	Date claim for exemption from Supplemental Assessment was filed with Assessor	
	Date first installment of supplemental tax bill becomes (became) delinquent	
	A claim for welfare exemption on this property: 1. was filed last year Yes No 2. is new this year	
• •	was not filed last year but claimed on another property located at	0010
		ip code)
G.	Recommendation: 1. Approval 2. Denial	(all)
Reason for denial (if partial denial, identify specific area to be denied)		
	Date Inspection for	, Assessor
	Bv	. Designee