EF-269-FIR-R02-0308-53000538-1
BOE-269-FIR REV. 02 (03-08)

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VETERANS' ORGANIZATION EXEMPTION
ASSESSOR'S FIELD INSPECTION REPORT

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Information for Property No. _____ Year: _____

Name of organization _____

Address of *this* property _____
(street, city, zip code)

☐ Owner only   ☐ Operator only   ☐ Owner-Operator   Date of last inspection of property _____

If claimant is owner, name of operator is _____

If claimant is operator, name of owner is _____

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)*

   ☐ 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
   ☐ 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**
   1. 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: _____

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

E. **Supplemental Assessment** (in claimant's name):
   1. Date of change in ownership _____ Recorded   ☐ Yes ☐ No
      Ownership in name of claimant? _____
   2. Date of completion of new construction _____
      Explain what was constructed _____
   3. Date put to exempt use _____ If only a portion of the property is put to an
      exempt use, describe exempt and nonexempt portions in detail _____
   4. Notice: date mailed _____   ☐ Not mailed
   5. Date claim for exemption from Supplemental Assessment was filed with Assessor _____
   6. Date first installment of supplemental tax bill becomes (became) delinquent _____

F. **A claim for veterans' organization exemption on *this* property:**
   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 _____ .
      (give complete address including zip code)

G. **Recommendation:** 1. Approval _____   2. Denial _____ _____
                                        (all)   *(part)*   *(all)*
   Reason for denial *(if partial denial, identify specific area to be denied)* _____

Date _____   Inspection for _____ , Assessor
                              By _____ , Designee