E-269	-FIR-R02-0308-53000266-1 -FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT	Shanna White County Clerk-Record P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398	der-Assessor
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT rmation for Property No. Year:	assessor@trinitycounty.org	
	ne of organization		
Add	Iress of <i>this</i> property		
	(street, city, zip co Owner only Operator only Owner-Operator Date of last inspection o	de) f property	
	aimant is owner, name of operator is		
	aimant is operator, name of owner is		
	Claimant is primarily: (check only one) 1. charitable 2. other (explain)		
В.	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 hos	nital)
	\square b. commercial \square f. fund raising	j. recreational	phany
	□ c. educational □ g. hospital	k. rehabilitation	
	d. farming h. housing	I. informational	
	m. other (<i>explain</i>)		
	2. Other activities the property is used for are: a. List letters used in B1		
	b. Other(<i>explain</i>)		
	3. All or part (write in all or part where applicable) of the property is: a. leased of		
	b. vacant or unused c. in excess of that reasonably house personnel whose presence is not institutionally necessary		
	C. Operation of property for benefit of personsIn your opinion are services and expenses excessive?		🗌 Yes 🗌 No
	If answer is yes , explain:		Yes No
	 If answer is yes, explain:	sary?	Yes No
	Ownership of real property (as of applicable lien date) is recorded in exact name If answer is no , explain:	e of claimant	🗌 Yes 🗌 No
	Did ow	ner 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?		
	Explain what was constructed		
	3. Date put to exempt use	• • •	
	exempt use, describe exempt and nonexempt portions in detail		🗌 Not maile
	 Date claim for exemption from Supplemental Assessment was filed with Assess Date first installment of supplemental tax bill becomes (became) delinquent 		
	A claim for veterans' organization exemption on <i>this</i> 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		
	Recommendation: 1. Approval 2. Deni	al	(11)
G.	Recommendation: 1. Approval	. ,	
G.	Reason for denial (if partial denial, identify specific area to be denied)		

