EF-269-FIR-R02-0308-58000544-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Stephen S. Duckels Yuba County Assessor

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	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	* New years	
		Year:	
Na	me of organization		
Ad	dress of <i>this</i> property	(street, city, zip code)	
Ш	Owner only \square Operator only \square	Owner-Operator Date of last inspection of property	
	laimant is owner, name of operator is		
	laimant 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: <i>(check only one)</i>		
	a. administration	e. fraternal and lodge meetings i. medical (not hosp	vital)
	☐ b. commercial	f. fund raising j. recreational	
	c. educational	g. hospital k. rehabilitation	
	d. farming	☐ h. housing ☐ I. informational	
		used for are: a. List letters used in B1	
		here applicable) of the property is: a. leased or rented	
		c. in excess of that reasonably necessarye is not institutionally necessary	
	C. Operation of property for bend		
	In your opinion are services and		☐ Yes ☐ No
	-		00
	 In your opinion do operations er 		☐ Yes ☐ No
		· · ·	
		proposed new capital investment, if any, necessary?	☐ Yes ☐ No
	If answer is no , explain:		
D.		applicable lien date) is recorded in exact name of claimant	☐ Yes ☐ No
	If answer is no , explain:		
_	Supplemental Assessment (in alai	Did owner file an exemption claim?	☐ Yes ☐ No
⊏.	Supplemental Assessment (in claim	mant's name):Recorded	☐ Yes ☐ No
			□ 163 □ 110
	Date of completion of new const		
	Date put to exempt use	If only a portion of the pro	perty is put to an
		nd nonexempt portions in detail	
	4. Notice: date mailed		
	5. Date claim for exemption from S	Supplemental Assessment was filed with Assessor	
		ental tax bill becomes (became) delinquent	
F.	A claim for veterans' organization		
		No 2. is new this year ☐ Yes ☐ No	
	3. was not filed last year, but claimed on another property located at		
			code)
G.	Recommendation: 1. Approval	2. Denial	(all)
	Reason for denial (if partial denial, i	dentify specific area to be denied)	
	Date	Inspection for	
		Bv	