OE-269-I VET	FIR-R02-0308-39000644-1 FIR REV. 02 (03-08) 'ERANS' ORGANIZATION EXEMPTION SESSOR'S FIELD INSPECTION REPORT		Selin Asse San Jo 44 N S Stockt	e J. Bestolarides ssor-Recorder- baquin County Can Joaquin Street St on, CA 95202-3273 otions: (209) 468-264	County Clerk
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT mation for Property No	Vear	https://	/www.sjgov.org/depa	
	ne of organization				
Add	ress of <i>this</i> property				
	Dwner only Operator only Owner	r-Operator Date of last in	eet, city, zip code)		
	imant is operator, name of owner is				
Α. (Claimant is primarily: (check only one) 1. charitable 2.	other (explain)			
	Use of property				
	1. The primary activity the property is us	ed for is: (check only one)			
	b. commercialc. educational	e. fraternal and lodge meetf. fund raisingg. hospitalh. housing	□ j. □ k. □ l.	medical (not hosp recreational rehabilitation informational	bital)
2	2. Other activities the property is used for				
	b. Other <i>(explain)</i>				
3	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				
	In your opinion are services and expen If answer is yes, explain:	ses excessive?			🗌 Yes 🗌 No
2	 In your opinion do operations enhance If answer is yes, explain: 	anyone's private gain?			🗌 Yes 🗌 No
3	 In your opinion is the claimant's propos If answer is no, explain: 	ed new capital investment, if	any, necessary?		Yes No
	Dwnership of real property (as of applica f answer is no , explain:	,	exact name of claima	nt	Yes No
-			Did owner file an	exemption claim?	🗌 Yes 🗌 No
	Supplemental Assessment (in claimant's 1. Date of change in ownership	,			🗌 Yes 🗌 No
2	Ownership in name of claimant? 2. Date of completion of new construction	l			
3	Explain what was constructed 3. Date put to exempt use		If only	a portion of the pro	operty is put to an
	exempt use, describe exempt and none 4. Notice: date mailed				
	 Notice: date mailed Date claim for exemption from Supplen 				
	 Date claim for exemption non-ouppien Date first installment of supplemental ta 				
	A claim for veterans' organization exem				
1	1. was filed last year 🗌 Yes 🗌 No 🛛 2. is new this year 🔲 Yes 🔲 No				
3	3. was not filed last year, but claimed on a	another property located at	Anton -	nloto address instaliant	
	Recommendation: 1. Approval				
	Reason for denial <i>(if partial denial, identify</i>	specific area to be denied)			
-	Date				
		Ву			, Designe

