EF-269-FIR-R02-0308-53000491-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Shanna White County Clerk-Recorder-Assessor

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| | REGULAR ASSESSMENT | assessor@trinitycounty | /.org |
|---------|--|---|-------------------------|
| <u></u> | SUPPLEMENTAL ASSESSMENT | V | |
| | | Year: | |
| Na | me of organization | | |
| Au | dress or <i>trins</i> property | (street, city, zip code) | |
| | | Owner-Operator Date of last inspection of property | |
| | laimant is owner, name of operator is | | |
| | laimant is operator, name of owner is | | |
| | | 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 ☐ I. informational | |
| | | | |
| | | used for are: a. List letters used in B1 | |
| | | | |
| | | nere applicable) of the property is: a. leased or rented | |
| | b. vacant or unused | c. in excess of that reasonably necessary | d. used to |
| | C. Operation of property for bene | ce is not institutionally necessary | |
| | In your opinion are services and | | ☐ Yes ☐ No |
| | - | | |
| | 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 clai | Did owner file an exemption clai | m? ∐ Yes ∐ No |
| ⊏. | | Recorde | d ☐ Yes ☐ No |
| | | | u 103 140 |
| | 2. Date of completion of new const | | |
| | Explain what was constructed — | | |
| | Date put to exempt use | If only a portion of the | e property is put to an |
| | exempt use, describe exempt a | nd nonexempt portions in detail | |
| | 4. Notice: date mailed | | |
| | 5. Date claim for exemption from S | upplemental Assessment was filed with Assessor | |
| | | ental tax bill becomes (became) delinquent | |
| F. | A claim for veterans' organization | exemption on this property: | |
| | | No 2. is new this year ☐ Yes ☐ No | |
| | 3. was not filed last year, but claimed on another property located at | | |
| | | | ig zip code) |
| G. | Recommendation: 1. Approval | 2. Denial(part) | (all) |
| | Reason for denial (if partial denial, i | dentify specific area to be denied) | |
| | Date | | |
| | | By | |