EF-269-FIR-R02-0308-03000549-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		manager 1770. (200) 220 OTET	
Info	ormation for Property No.	Year:		
	me of organization			
Ad	dress of <i>this</i> property			
	Owner only \Box Operator only \Box	Owner-Operator Date of la	(street, city, zip code) ast inspection of property	
If c	laimant is owner, name of operator is			
If c	laimant is operator, name of owner is			
A.	Claimant is primarily: (check only one) ☐ 1. charitable			
В.	Use of property			
	1. The primary activity the property is used for is: (check only one)			
	☐ a. administration	e. fraternal and lodge	meetings	hospital)
	☐ b. commercial	f. fund raising	☐ j. recreational	
	C. educational	☐ g. hospital	k. rehabilitation	1
	☐ d. farming	☐ h. housing	☐ I. informationa	I
	☐ 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 the	nat reasonably necessary	d. used to
	house personnel whose presence is not institutionally necessary			
	C. Operation of property for bene			□ v □ N-
	In your opinion are services and expenses excessive? If answer is yes, explain:			☐ Yes ☐ No
	If answer is yes, explain:In your opinion do operations en			☐ Yes ☐ No
	If answer is yes , explain:			□ les □ NO
	3. In your opinion is the claimant's			☐ Yes ☐ No
	If answer is no , explain:			
D.	Ownership of real property (as of	applicable lien date) is recorde	d in exact name of claimant	☐ Yes ☐ No
	If answer is no , explain:			
	·		Did owner file an exemption cla	im? ☐ Yes ☐ No
E.	Supplemental Assessment (in clai	· ·		
			Recorde	ed ∐ Yes ∐ No
	Ownership in name of claimant?			
	2. Date of completion of new const			
	Explain what was constructed ————————————————————————————————————			
	exempt use, describe exempt and nonexempt portions in detail in only a portion of the property is put to an			
	Notice: date mailed			
			iled with Assessor	
) delinquent	
F.	A claim for veterans' organization		, deliniquent	
•	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			
				ing zip code)
	Recommendation: 1. Approval	(all)	2. Denial	(all)
	Reason for denial (if partial denial, identify specific area to be denied)			, ,
			-,	
	Date	Inspection for		, Assessor
		·		