EF-269-FIR-R02-0308-04000149-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION **ASSESSOR'S FIELD INSPECTION REPORT**



Alyssa Douglass Butte County Assessor

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Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

REGULAR ASSESSMENT	CALL CALL	Website: www.buttecounty.r	,
SUPPLEMENTAL ASSESSMENT	Year:		
Address of this property			
Ourse only Operator only	Owner-Operator Date of last inspec	ty, zip code)	
If claimant is owner, name of operator is			
If claimant is operator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable	2. other (explain)		
B. Use of property			
 The primary activity the proper 	ty is used for is: (check only one)		
a. administration	e. fraternal and lodge meetings	i. medical (not hosp	oital)
□ b. commercial	☐ f. fund raising	☐ j. recreational	
C. educational	☐ g. hospital	k. rehabilitation	
d. farming	☐ h. housing	I. informational	
☐ 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 with	here applicable) of the property is: a. lea	ased or rented	
b. vacant or unused	c. in excess of that reaso	nably necessary	d. used to
house personnel whose present	ce is not institutionally necessary		
C. Operation of property for ben			
In your opinion are services and	-		☐ Yes ☐ No
	.h		☐ Yes ☐ No
2. In your opinion do operations er			☐ Yes ☐ No
	proposed new capital investment, if any,	nococcan/2	☐ Yes ☐ No
·	proposed new capital investment, if any,	necessary?	□ res □ ino
	applicable lien date) is recorded in exact	t name of claimant	☐ Yes ☐ No
	applicable lieff date) is recorded in exact	t name of claimant	
ii aliswel is iio , explaili.		Did owner file an exemption claim?	☐ Yes ☐ No
E. Supplemental Assessment (in cla		old owner life an exemption claim?	
		Recorded	☐ Yes ☐ No
	·		
2. Date of completion of new cons			
Explain what was constructed –			
			perty is put to an
	nd nonexempt portions in detail		
Date claim for exemption from S	Supplemental Assessment was filed with A	Assessor	
	nental tax bill becomes (became) delinque	ent	
F. A claim for veterans' organization			
	No 2. is new this year \square Yes \square		
3. was not filed last year, but claim	ed on another property located at		
			code)
G. Recommendation: 1. Approval	2 (all)	Defilal (part)	(all)
Reason for denial (if partial denial, i	dentify specific area to be denied)		
Date	Inspection for		, Assesso
	Bv		Designe

