EF-267-FIR-R02-0308-06000037-1

BOE-267-FIR REV. 02 (03-08)

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT

Bob Buckner
Colusa County Assessor
547 Market St., Suite 101
Colusa, CA 95932
(530) 458-0450

Year: _____

Information for Property No. _____

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Name of organization _____

Address of *this* property _____ *(street, city, zip code)*

☐ Owner only ☐ Operator only ☐ Owner-Operator   Date of last inspection of property _____

If claimant is owner, name of operator is _____

If claimant is operator, name of owner is _____

A. **Claimant is primarily:** *(check only one)* ☐ 1. religious ☐ 2. hospital ☐ 3. scientific ☐ 4. charitable

☐ 5. 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   ☐ l. 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 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 _____

C. **Operation of property for benefit of persons**

1. In your opinion are services and expenses excessive?   ☐ Yes ☐ No
If answer is **yes**, explain: _____

2. In your opinion do operations enhance anyone's private gain?   ☐ Yes ☐ No
If answer is **yes**, explain: _____

3. In your opinion is the claimant's proposed new capital investment, if any, necessary?   ☐ Yes ☐ No
If answer is **no**, explain: _____

D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant   ☐ Yes ☐ No
If answer is **no**, explain: _____

_____ Did owner file an exemption claim?   ☐ Yes ☐ No

E. **Supplemental Assessment** (in claimant's name):

1. Date of change in ownership _____ Recorded   ☐ Yes ☐ No
Ownership in name of claimant? _____

2. Date of completion of new construction _____
Explain what was constructed _____

3. Date put to exempt use _____ If only a portion of the property is put to an
exempt use, describe exempt and nonexempt portions in detail _____

4. Notice: date mailed _____   ☐ Not mailed

5. Date claim for exemption from Supplemental Assessment was filed with Assessor _____

6. Date first installment of supplemental tax bill becomes (became) delinquent _____

F. **A claim for welfare exemption on this property:**   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 _____ .
(give complete address including zip code)

G. **Recommendation:** 1. Approval _____   2. Denial _____ _____
(all)   *(part)*   *(all)*

Reason for denial **(if partial denial, identify specific area to be denied)** _____

_____

Date _____   Inspection for _____ , Assessor

By _____ , Designee