EF-269-FIR-R02-0308-06000729-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Bob Buckner Colusa County Assessor

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

| SUPPLEMENTAL ASSESSMENT Information for Property No Year: | |
|---|---------------|
| | |
| Name of organization | |
| Address of <i>this</i> 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. charitable 2. other (explain) | |
| B. Use of property | |
| The primary activity the property is used for is: (check only one) | |
| \square a. administration \square e. fraternal and lodge meetings \square i. medical (not h | nospital) |
| \square b. commercial \square f. fund raising \square j. recreational | |
| ☐ c. educational ☐ g. hospital ☐ k. rehabilitation | |
| \square d. farming \square h. housing \square l. informational | |
| m. other (explain) | |
| 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 | |
| house personnel whose presence is not institutionally necessary | |
| C. Operation of property for benefit of persons | |
| 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: | ☐ 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 clair | n? 🗌 Yes 🗌 No |
| E. Supplemental Assessment (in claimant's name): | |
| 1. Date of change in ownership Recorded | |
| Ownership in name of claimant? | |
| Date of completion of new construction | |
| Explain what was constructed — | |
| 3. Date put to exempt use If only a portion of the | |
| exempt use, describe exempt and nonexempt portions in detail | |
| Notice: date mailed Date claim for exemption from Supplemental Assessment was filed with Assessor | |
| Date Gain for exemption from Supplemental Assessment was filed with Assessor Date first installment of supplemental tax bill becomes (became) delinquent | |
| F. A claim for veterans' organization exemption on <i>this</i> 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 | |
| G. Recommendation: 1. Approval 2. Denial(part) | (all) |
| Reason for denial (if partial denial, identify specific area to be denied) | |
| Reason for definal (if partial definal, identity specific area to be defined) | |
| Date Inspection for | |
| Ву | |

