-269-FIR-R02-0308-13000720-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT	RIAL COL	Roy D. Buckner Imperial County Ass 940 W. Main Street Suite 11 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperial	15 D
			county.org
SUPPLEMENTAL ASSESSMENT Information for Property No Yea	r:		
Name of organization			
Address of <i>this</i> property			
Owner only Operator only Owner-Operator	(street, city, Date of last inspect	; zip code) tion of property	
If claimant is aparator, name of owner is			
A. Claimant is primarily: (check only one) 1. charitable 2. other (expla			
B. Use of property	,		
1. The primary activity the property is used for is: (ch	neck only one)		
a. administration e. fratern b. commercial f. fund ration c. educational g. hospita d. farming h. housin m. other (explain)	al g	 i. medical (not hosp j. recreational k. rehabilitation I. informational 	bital)
2. Other activities the property is used for are: a. L			
b. Other <i>(explain)</i>			
3. All or part (write in all or part where applicable) of	the property is: a. leas	sed or rented	
b. vacant or unused c. i house personnel whose presence is not institutiona	n excess of that reason ally necessary	ably necessary	d. used to
 C. Operation of property for benefit of persons 1. In your opinion are services and expenses excession 			□ Yes □ No
If answer is yes , explain: 2. In your opinion do operations enhance anyone's pr If answer is yes , explain:			🗌 Yes 🗌 No
 In your opinion is the claimant's proposed new cap If answer is no, explain: 	ital investment, if any, n	necessary?	🗌 Yes 🗌 No
D. Ownership of real property (as of applicable lien dat If answer is no , explain:	-	name of claimant	Yes No
	Di	id owner file an exemption claim?	🗌 Yes 🗌 No
 E. Supplemental Assessment (in claimant's name): 1. Date of change in ownership			🗌 Yes 🗌 No
Ownership in name of claimant? 2. Date of completion of new construction Explain what was constructed			
A Date put to exempt use exempt use, describe exempt and nonexempt porti		If only a portion of the pro	
 A. Notice: date mailed			🗌 Not mailed
6. Date first installment of supplemental tax bill becomF. A claim for veterans' organization exemption on the			
 6. Date first installment of supplemental tax bill becom F. A claim for veterans' organization exemption on the 1. was filed last year 	<i>is</i> property: his year Yes		
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6. Date first installment of supplemental tax bill becom F. A claim for veterans' organization exemption on the	<i>is</i> property: his year □ Yes □ I perty located at	(give complete address including zip	
 6. Date first installment of supplemental tax bill becom F. A claim for veterans' organization exemption on the 1. was filed last year Yes No 2. is new t 3. was not filed last year, but claimed on another prop 	<i>is</i> property: his year Yes I perty located at 1) 2.	(give complete address including zip Denial	(all)

