E-269-F VETI	FIR-R02-0308-15000065-1 IR REV. 02 (03-08) ERANS' ORGANIZATION EXEMPTIO ESSOR'S FIELD INSPECTION REPOR		Laura Avila Kern County Assess Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-463 (661) 868-3485	
	REGULAR ASSESSMENT			
	SUPPLEMENTAL ASSESSMENT nation for Property No	Year:		
Nam	e of organization			
Addr	ess of <i>this</i> property			
Οo	wner only Operator only Own	er-Operator Date of last inspe	city, zip code) ection of property	
	mant is operator, name of owner is			
	laimant is primarily:			
	check only one) 📋 1. charitable 🗌 2	2. other <i>(explain)</i>		
В. U	lse of property			
1	. The primary activity the property is u	sed for is: (check only one)		
	b. commercial	 e. fraternal and lodge meeting: f. fund raising g. hospital 	s	pital)
		h. housing	I. informational	
2	 Other activities the property is used b. Other(<i>explain</i>) 	for are: a. List letters used in B1		
3	3. All or part (write in all or part where applicable) of the property is: a. leased or rented			
	b. vacant or unused house personnel whose presence is r			
	Operation of property for benefit of In your opinion are services and expe	nses excessive?		🗌 Yes 🗌 No
2	If answer is yes , explain: In your opinion do operations enhanc If answer is yes , explain:	e anyone's private gain?		🗌 Yes 🗌 No
3	In your opinion is the claimant's propo If answer is no , explain:	osed new capital investment, if any	, necessary?	🗌 Yes 🗌 No
	wnership of real property (as of application answer is no, explain:		ct name of claimant	Yes No
			Did owner file an exemption claim?	🗌 Yes 🗌 No
	upplemental Assessment (in claimant Date of change in ownership			🗌 Yes 🗌 No
2	Ownership in name of claimant? — Date of completion of new construction Explain what was constructed —	n		
3	Explain what was constructed Date put to exempt use exempt use, describe exempt and no		If only a portion of the pro-	operty is put to an
4	Notice: date mailed Date claim for exemption from Supple	emental Assessment was filed with	Assessor	🗌 Not maile
	Date first installment of supplemental claim for veterans' organization exer	nption on <i>this</i> property:		
	. was filed last year 🗌 Yes 🗌 No			
1		another property located at	(give complete address including zip	code)
1	was not filed last year, but claimed on			
1. 3. G. R	ecommendation: 1. Approval	(all)		. ,
1. 3. G. R		(all) y specific area to be denied)		

