BEGULAR ASSESSMENT www.maderacounty.com/government/ass SUPPLEMENTAL ASSESSMENT Year: Name of organization	-269-FIR-R02-0308-20000300-1 E-269-FIR REV. 02 (03-08) VETERANS' ORGANIZATION EXEI ASSESSOR'S FIELD INSPECTION R		C OUN	Brett Frazier Madera County Asse 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654	essor
Information for Property No				www.maderacounty.com/go	overnment/assessor
Name of organization Address of this property		Year:			
Address of this property Interest opt, 20 0000; If damant is owner, name of operator is Date of last inspection of property If damant is owner, name of owner is					
□ Owner only □ Owner-Operator Date of last inspection of property If claimant is owner, name of operator is If claimant is owner, name of owner is A. Claimant is primarily: [check only one] 1. charitable 2. other (explain) B. Use of property 1. the primary activity the property is used for is: (check only one) i. medical (not hospital) □ a. administration □ e. fratemal and lodge meetings i. medical (not hospital) □ b. commercial □ f. fund raising □ i. medical (not hospital) □ c. educational □ f. fund raising □ i. informational □ c. deucational □ f. fund raising □ i. informational □ c. deucational □ f. fund raising □ i. informational □ c. deucational □ f. housing □ i. informational □ c. deucational □ f. housing □ i. informational □ n. outer (explain) s. List letters used in B1 b. vocant or unused c. in excess of that reasonably necessary d. use house personnel whose presence is not institu	Address of <i>this</i> property				
If claimant is owner, name of owner is If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. charitable B. Use of property 1. The primary activity the property is used for is: (check only one)	Owner only Operator only] Owner-Operator Dat	(street, city, zip code) e of last inspection of p	ropertv	
If claimant is operator, name of owner is A. Claimant is primarily: (check only one) 1. The primary activity the property is used for is: (check only one) a. administration e. fratemal and lodge meetings b. commercial f. fund raising c. e. doucational g. hospital c. doucational g. hospital m. other (explain) i. informational 2. Other settivities the property is used for are: a. List letters used in B1 b. Other(explain) c. in excess of that reasonably necessary d. use house personnel whose presence is not institutionally necessary d. use property option are services and expenses excessive? ff answer is yes, explain: l. in your ophinon are services and expenses excessive? ff answer is yes, explain: 2. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant ff answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant ff answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant ff answer is no, explain: D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant ff an					
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E. Supplemental Assessment (in claimant's name): Recorded Yes 1. Date of change in ownership Recorded Yes Ownership in name of claimant? Ownership in name of claimant? Recorded Yes 2. Date of completion of new construction Explain what was constructed Seconded Yes 3. Date put to exempt use If only a portion of the property is put is exempt use, describe exempt and nonexempt portions in detail If only a portion of the property is put is exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed Image: Complemental Assessment was filed with Assessor Image: Complemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent File A claim for veterans' organization 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) (all) G. Recommendation: 1. Approval (all) (all) (all) (all) Date Inspection for	D. Ownership of real property (as o				Yes No
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Explain what was constructed 3. Date put to exempt use is put to exempt use, describe exempt and nonexempt portions in detail 4. Notice: date mailed 5. Date claim for exemption from Supplemental Assessment was filed with Assessor 6. Date first installment of supplemental tax bill becomes (became) delinquent 7. A claim for veterans' organization exemption on this property: 1. was filed last 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 (all) Reason for denial (if partial denial, identify specific area to be denied)					
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Reason for denial (if partial denial, identify specific area to be denied) Date, As	G. Recommendation: 1. Approval _	(all)	2. Denial	(part)	(all)
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