EF-269-FIR-R02-0308-20000035-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

Inspection for ______, Assessor

By ______, Designee

ASSE	SSOR'S FIELD INSPECTION RE	PORT	C O	12	Phone: (559) 675-7710	
□ R	EGULAR ASSESSMENT		6.0		Fax: (559) 675-7654 www.maderacounty.com/g	overnment/assessor
	UPPLEMENTAL ASSESSMENT					
	ation for Property No					
Name	of organization					
Addre	ss of <i>this</i> property		(str	eet. citv. zip code)		
∐ Ov	vner only U Operator only U	Owner-Operator	Date of last in	spection of pr	roperty	
	nant is operator, name of owner is					
	aimant is primarily: heck only one) 1. charitable	☐ 2. other (explai	n)			
B. U s	se of property					
	The primary activity the propert	y is used for is: (che	eck only one)			
	a. administration	e. fraterna	I and lodge meet	tinas	i. medical (not hos	spital)
	b. commercial	f. fund rai	-	90	i. recreational	
	C. educational	g. hospital	•		k. rehabilitation	
	d. farming	h. housing			. informational	
	m. other (explain)	•				
2	Other activities the property is					
۷.	b. Other(explain)					
3						
0.	All or part (write in all or part where applicable) of the property is: a. leased or rented d. use b. vacant or unused d. use					
house personnel whose presence is not institutionally necessary						
C	Operation of property for bene		.,,			
	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?					
	If answer is yes , explain:					
3.	In your opinion is the claimant's proposed new capital investment, if any, necessary?					
	If answer is no , explain:					
D. O v	wnership of real property (as of	applicable lien date	e) is recorded in e	exact name of	f claimant	☐ Yes ☐ No
	answer is no , explain:	• •	•			
	· •			Did owner	r file an exemption claim?	☐ Yes ☐ No
Ε. S ι	ıpplemental Assessment (in clai				•	
1.	Date of change in ownership					☐ Yes ☐ No
	Ownership in name of claimant?					
2.	Date of completion of new const	ruction				
	Explain what was constructed —					
3.	Date put to exempt use				* * *	
	exempt use, describe exempt an	nd nonexempt portion	ns in detail			
4.						
5.	Date claim for exemption from S	upplemental Assess	sment was filed v	vith Assessor		
6.	Date first installment of supplement	ental tax bill becom-	es (became) deli	nquent		
F. A	A claim for veterans' organization exemption on this property:					
1.	was filed last year $\ \square$ Yes $\ \square$	No 2. is new th	is year 🗌 Yes	☐ No		
3.	was not filed last year, but claime	ed on another prope	erty located at		(give complete address including z	(n codo)
C B-	- common detions 4. Assess			2 Daniel		p code)
G. K 6	ecommendation: 1. Approval	(all)		_ 2. Denial _	(part)	(all)



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

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Date ____