DE-269-F VET	FIR-R02-0308-25000265-1 FIR REV. 02 (03-08) ERANS' ORGANIZATION EXE SESSOR'S FIELD INSPECTION	View and the second	Kristen DePaul Modoc County Asses 204 Sout Court Street, Suite Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237	
	REGULAR ASSESSMENT	- Martin	assessor@co.modoc.ca.us	
	SUPPLEMENTAL ASSESSMENT mation for Property No.	Year:		
Addı	ress of <i>this</i> property	(str		
	Owner only Operator only	Owner-Operator Date of last in	spection of property	
	imant is owner, name of operator is			
	imant is operator, name of owner is			
A. C	Claimant is primarily:			
	Use of property			
1	1. The primary activity the prop	erty is used for is: (check only one)		
	 a. administration b. commercial c. educational d. farming m. other (cyn(ain)) 	 e. fraternal and lodge meet f. fund raising g. hospital h. housing 	 j. recreational k. rehabilitation I. informational 	bital)
			B1	
2				
3	,		a. leased or rented	
	b. vacant or unused	c. in excess of that re	easonably necessary	d. used to
	 C. Operation of property for be In your opinion are services and 	nd expenses excessive?		🗌 Yes 🗌 No
2	It answer is yes , explain: 2. In your opinion do operations If answer is yes , explain:			Yes No
3		's proposed new capital investment, if	any, necessary?	🗌 Yes 🗌 No
	Dwnership of real property (as of feature of the second	of applicable lien date) is recorded in e	exact name of claimant	🗌 Yes 🗌 No
_			Did owner file an exemption claim?	🗌 Yes 🗌 No
	Supplemental Assessment (in c			
	Ownership in name of claimar			∐ Yes ∐ No
2	•			
3	Date put to exempt use		If only a portion of the pro	
Δ				_
			vith Assessor	
			nquent	
		on exemption on <i>this</i> property:		
1	I. was filed last year 🗌 Yes [□ No 2. is new this year □ Yes		
			(give complete address including zip	
			(give complete address including zip _ 2. Denial	
F	Reason for denial <i>(if partial denial</i>	, identify specific area to be denied) $_$		
	Date	Inspection for		, Assessor
		Ву		, Designee

