DE-269 VE	-FIR-R02-0308-25000054-1 FIR REV. 02 (03-08) TERANS' ORGANIZATION EXE SESSOR'S FIELD INSPECTION F		Kristen DePaul Modoc County Asse 204 Sout Court Street, Suitu Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237	
	REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT		assessor@co.modoc.ca.us	
Info		Year:		
Add	Iress of <i>this</i> property	(		
	Owner only Operator only	Owner-Operator Date of last	street, city, zip code) inspection of property	
	aimant is owner, name of operator is			
	aimant is operator, name of owner is			
	Claimant is primarily:			
В.	Use of property			
	1. The primary activity the prope	erty is used for is: (check only one)		
	<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (ava(ain))</li> </ul>	<ul> <li>e. fraternal and lodge me</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	j. recreational k. rehabilitation I. informational	pital)
			in B1	
			a. leased or rented	
	b. vacant or unused	c. in excess of that	t reasonably necessary	d. used to
	<ul><li>C. Operation of property for be</li><li>1. In your opinion are services ar</li></ul>	nd expenses excessive?		🗌 Yes 🗌 No
	If answer is <b>yes</b> , explain: 2. In your opinion do operations ( If answer is <b>yes</b> , explain:			🗌 Yes 🗌 No
		's proposed new capital investment,	if any, necessary?	🗌 Yes 🗌 No
	Ownership of real property (as of answer is no, explain:	of applicable <b>lien date</b> ) is recorded in	n exact name of claimant	🗌 Yes 🗌 No
			Did owner file an exemption claim?	🗌 Yes 🗌 No
	Supplemental Assessment (in cl			
	Ownership in name of claiman	t?	Recorded	∐ Yes ∐ No
	•			
	<ol><li>Date put to exempt use</li></ol>		If only a portion of the pro	
			d with Assessor	
			elinquent	
	A claim for veterans' organization			
		☐ No   2. is new this year   □ Ye		
			(give complete address including zip	
			(give complete address including zip 2. Denial	
	Reason for denial <i>(if partial denial,</i>	, identify specific area to be denied)		
	Date	Inspection for		, Assessor
		By _		, Designee

