EF-269-FIR-R02-0308-29000157-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

SUPPLEMENTAL ASSESSMENT

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

Inforr	nation for Property No Year:		
Nam	e of organization		
Addr	ess of <i>this</i> property		
\Box c	owner only \square Operator only \square Owner-Operator Date of last inspection of property		
If clai	imant is owner, name of operator is		
If clai	imant is operator, name of owner is		
	Claimant is primarily:		
	check only one) 🗓 1. charitable 🔲 2. other (explain)		
В. し	Jse of property		
1	. The primary activity the property is used for is: <i>(check only one)</i>		
	a. administration e. fraternal and lodge meetings i. medical (not hospital)		
	□ b. commercial □ f. fund raising □ j. recreational		
	☐ c. educational ☐ g. hospital ☐ k. rehabilitation		
	☐ d. farming ☐ h. housing ☐ l. informational		
	m. other (explain)		
2	2. Other activities the property is used for are: a. List letters used in B1		
_	b. Other(explain)		
3	3. All or part (write in all or part where applicable) of the property is: a. leased or rented		
	b. vacant or unused c. in excess of that reasonably necessaryhouse personnel whose presence is not institutionally necessary	d. used to	
	C. Operation of property for benefit of persons	_	
1	. 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?	☐ Yes ☐ No	
3	If answer is yes , explain: In your opinion is the claimant's proposed new capital investment, if any, necessary?	☐ Yes ☐ No	
0	If answer is no , explain:	□ 103 □ 1 10	
D. C	D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant		
	answer is no , explain:		
_ =	Did owner file an exemption claim	? 🗌 Yes 🗌 No	
	Supplemental Assessment (in claimant's name):		
1	. Date of change in ownership Recorded	☐ Yes ☐ No	
2	Ownership in name of claimant? ————————————————————————————————————		
	Explain what was constructed —		
3	Date put to exempt use If only a portion of the p	property is put to an	
	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		
	. Date first installment of supplemental tax bill becomes (became) delinquent		
	claim for veterans' organization exemption on this property:		
	. 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	zip code) .	
	Personmendation: 1 Approval		
	• • • • • • • • • • • • • • • • • • • •	(all)	
Reason for denial (if partial denial, identify specific area to be denied)			
Date Inspection for, Assessor			
L	By	, Assessui Designee	

