EF-269-FIR-R02-0308-31000190-1 BOE-269-FIR REV. 02 (03-08)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIFI D INSPECTION REPORT



Matthew R. Maynard **Placer County Assessor** 2980 Richardson Drive

Auburn, CA 95603-2640 Phone: (530) 889-4300

The state of the s	Email: assessor@placer.ca	.gov
REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	Website: www.placer.ca.go	v/assessor
Information for Property No Year:		
Name of organization		
Address of <i>this</i> property		
Owner only Operator only Owner-Operator Date of last inspection of	ode)	
If claimant is owner, name of operator is		
If claimant is operator, name of owner is		
A. Claimant is primarily: (check only one) 1. charitable 2. other (explain)		
B. Use of property		
The primary activity the property is used for is: <i>(check only one)</i>		
☐ a. administration ☐ e. fraternal and lodge meetings	i. medical (not hosp	nital)
b. commercial f. fund raising	i. recreational	J. Carly
☐ c. educational ☐ g. hospital	k. rehabilitation	
☐ d. farming ☐ h. housing	☐ I. informational	
m. other (explain)	_ i. iiioimatonai	
Other activities the property is used for are: a. List letters used in B1		
b. Other(explain)		
3. All or part (write in all or part where applicable) of the property is: a. leased of		
b. vacant or unused c. in excess of that reasonably		
house personnel whose presence is not institutionally necessary		
C. Operation of property for benefit of persons		
 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
 In your opinion is the claimant's proposed new capital investment, if any, necessif answer is no, explain: 		☐ Yes ☐ No
D. Ownership of real property (as of applicable lien date) is recorded in exact name	e of claimant	☐ Yes ☐ No
If answer is no , explain:		
	vner file an exemption claim?	☐ Yes ☐ No
E. Supplemental Assessment (in claimant's name):	5	
Date of change in ownership	Recorded	☐ Yes ☐ No
Ownership in name of claimant? —		
Explain what was constructed		
Date put to exempt use	If only a portion of the pro	operty is put to an
exempt use, describe exempt and nonexempt portions in detail		pporty to put to all
		Not mailed
Date claim for exemption from Supplemental Assessment was filed with Asses		
Date first installment of supplemental tax bill becomes (became) delinquent		
F. A claim for veterans' organization exemption on <i>this</i> property:		
1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No		
was not filed last year, but claimed on another property located at		
5. Was not filed last year, but dialified on another property located at	(give complete address including zip	code)

(all)

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

_____ 2. Denial _____

(part)

By ______, Designee

Inspection for ______, Assessor

G. Recommendation: 1. Approval ___

Date ___