BOE-267-FIR REV. 02 (03-08)

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



LESLIE MORGAN ASSESSOR-RECORDER

1450 Court St., Suite 208A

Redding, CA 96001-1667 Tel: (530) 225-3600 Intra_County toll free: 1(800)479-8009

Year:	REGULAR ASSESSMENT	
Information for Property No	SUPPLEMENTAL ASSESSMENT	
Name of organization		
Address of <i>this</i> property	(street city zin code)	
\square Owner only \square Operator only \square Owner-Opera	tor Date of last inspection of property	
If claimant is owner, name of operator is		
	eligious \square 2. hospital \square 3. scientific \square 4. charitable	
B. Use of property		
□ b. commercial □ f. □ c. educational □ g. □ d. farming □ h.		itation ational
· · · · · ·	List letters used in B1	
	f the property is: a. leased or rented	
b. vacant or unused	c. in excess of that reasonably necessary	d. used to
	stitutionally necessary	
1. In your opinion are services and expenses exc		☐ Yes ☐ No
If answer is yes , explain:		
In your opinion do operations enhance anyone's p If answer is yes, explain:	_	☐ Yes ☐ No
3. In your opinion is the claimant's proposed new cap		☐ Yes ☐ No
D. Ownership of real property (as of applicable lier		☐ Yes ☐ No
·	Did owner file an exemption clair	m? ☐ Yes ☐ No
E. Supplemental Assessment (in claimant's name)		
Date of change in ownership		
•		
•		
•	If anyly a marking of the a	
·	If only a portion of the p	
	portions in detail	
	Assessment was filed with Assessor	
···	mes (became) delinquent	
3. was not filed last year but claimed on anot	: 1. was filed last year Yes No 2. is new this her property located at (give complete address inclination)	year 🗆 Yes 🗀 No
		uding zip code)
G. Recommendation: 1. Approval	(all) (part)	(all)
Reason for denial (if partial denial, identify spec	cific area to be denied)	
Date	Inspection for	, Assessor
	Ву	, Designee