



TODD L. RETZLOFF, CCIM  
SUTTER COUNTY

1190 Civic Center Blvd.  
Yuba City, CA 95993  
Telephone (530) 822-7160 FAX (530) 822-7198  
www.suttercounty.org/assessor  
Email: assessor@co.sutter.ca.us

VETERANS' ORGANIZATION EXEMPTION  
ASSESSOR'S FIELD INSPECTION REPORT

- REGULAR ASSESSMENT
- SUPPLEMENTAL ASSESSMENT

Information for Property No. \_\_\_\_\_ Year: \_\_\_\_\_

Name of organization \_\_\_\_\_

Address of **this** property \_\_\_\_\_  
(street, city, zip code)

Owner only  Operator only  Owner-Operator Date of last inspection of property \_\_\_\_\_

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

1. The primary activity the property is used for is: (check only one)

- 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. 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 or rented \_\_\_\_\_

b. vacant or unused \_\_\_\_\_ c. in excess of that reasonably necessary \_\_\_\_\_ d. used to house personnel whose presence is not institutionally necessary \_\_\_\_\_

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

If answer is **yes**, explain: \_\_\_\_\_

3. In your opinion is the claimant's proposed new capital investment, if any, necessary?  Yes  No

If answer is **no**, explain: \_\_\_\_\_

D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant  Yes  No

If answer is **no**, explain: \_\_\_\_\_

Did owner file an exemption claim?  Yes  No

E. Supplemental Assessment (in claimant's name):

1. Date of change in ownership \_\_\_\_\_ Recorded  Yes  No

Ownership in name of claimant? \_\_\_\_\_

2. Date of completion of new construction \_\_\_\_\_

Explain what was constructed \_\_\_\_\_

3. Date put to exempt use \_\_\_\_\_ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail \_\_\_\_\_

4. Notice: date mailed \_\_\_\_\_  Not mailed

5. Date claim for exemption from Supplemental Assessment was filed with Assessor \_\_\_\_\_

6. Date first installment of supplemental tax bill becomes (became) delinquent \_\_\_\_\_

F. A claim for veterans' organization exemption on this property:

1. 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 \_\_\_\_\_  
(give complete address including zip code)

G. Recommendation: 1. Approval \_\_\_\_\_ (all) 2. Denial \_\_\_\_\_ (part) \_\_\_\_\_ (all)

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

Date \_\_\_\_\_ Inspection for \_\_\_\_\_, Assessor

By \_\_\_\_\_, Designee

