



**Shanna White**  
**County Clerk-Recorder-Assessor**

P.O. Box 1255  
Weaverville, CA 96093  
Phone: (530) 623-1257  
Fax: (530) 623-8398  
assessor@trinitycounty.org

**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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> a. administration        | <input type="checkbox"/> e. fraternal and lodge meetings | <input type="checkbox"/> i. medical (not hospital) |
| <input type="checkbox"/> b. commercial            | <input type="checkbox"/> f. fund raising                 | <input type="checkbox"/> j. recreational           |
| <input type="checkbox"/> c. educational           | <input type="checkbox"/> g. hospital                     | <input type="checkbox"/> k. rehabilitation         |
| <input type="checkbox"/> d. farming               | <input type="checkbox"/> h. housing                      | <input type="checkbox"/> l. informational          |
| <input type="checkbox"/> 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

