F-269-FIR-R02-0308-55000305-1       Tuolumne Comparison         DE-269-FIR REV. 02 (03-08)       2 South Green Singer Singe		Kaenan Whitman Tuolumne County Ass 2 South Green Street, Third F Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumneco	ounty Assessor-Recorder Street, Third Floor 70 3-5535 6674	
SUPPLEMENTAL ASSESSMENT	Year:		, ,	
Address of <i>this</i> property	(stre			
Owner only Operator only	(stre	et, city, zip code) spection of property		
If claimant is owner, name of operator is				
If claimant is operator, name of owner is				
A. Claimant is primarily:				
B. Use of property				
	erty is used for is: (check only one)			
<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>☐ f. fund raising</li> <li>☐ g. hospital</li> <li>☐ h. housing</li> </ul>	ings i. medical (not hospita j. recreational k. rehabilitation I. informational		
2. Other activities the property	is used for are: a. List letters used in I	31		
,		a. leased or rented		
		easonably necessary		
<ul><li>C. Operation of property for be</li><li>1. In your opinion are services a</li></ul>	nd expenses excessive?		🗌 Yes 🗌 No	
2. In your opinion do operations	enhance anyone's private gain?		Yes 🗌 No	
3. In your opinion is the claiman	t's proposed new capital investment, if a	any, necessary?	Yes 🗌 No	
D. <b>Ownership of real property</b> (as If answer is <b>no</b> , explain:	of applicable lien date) is recorded in e	exact name of claimant	Yes 🗌 No	
		Did owner file an exemption claim?	🗌 Yes 🗌 No	
			🗌 Yes 🗌 No	
2. Date of completion of new con	nstruction			
<ol><li>Date put to exempt use</li></ol>		If only a portion of the prop	erty is put to an	
<ol> <li>Notice: date mailed</li> <li>Date claim for exemption from</li> </ol>	n Supplemental Assessment was filed w	/ith Assessor	Not maile	
F. A claim for veterans' organizati				
		(give complete address including zip co		
		(give complete address including zip co 2. Denial		
Reason for denial (if partial denia				
Date	Inspection for		, Assesso	
	Ву		, Designe	

