

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	MAILING ADDRESS		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
ECCATION/DESCRIPTION OF SUBJECT PROPERTY						
TYPE OF TRANSACTION (check one)			AMOUN	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)		
CREATION RENEWAL SUBLEASE ASSIGNMENT						
TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENCY PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE	ORIGINAL TERM	REMAINING TERM	/1	CONSIDERATION PAID FOR MASTER LEASE		
	ORIGINAL TERM	REMAINING TERM	/	CONSIDERATION PAID FOR UNDERLYING LEASE		
ASSIGNMENTS						

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SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE	

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ORIGINAL LERM	REMAINING LERN	/1	CONSIDERATION PAID FOR UNDERLYING LEASE
	RY INTEREST (including renewal	CY INTEREST (including renewal or extension options) ORIGINAL TERM	RY INTEREST (including renewal or extension options) AGENCY ORIGINAL TERM REMAINING TERM

MAILING ADDRESS

F THERE ARE NO TAXABLE POSSESSORT INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, L						
AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE.						
PRO	PERTY USAGE					
NAME OF TENANT/LESSEE/PERMITTEE	AILING ADDRESS					

form with the Assessor by **February 15**. Report all taxable possessory interests occurring in the prior year even if they ended in the prior year. IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE, AND SIGN, DATE,

L

Revenue and Taxation Code section 480.6 requires every state or local governmental entity that is the fee owner of real property in which one or more taxable possessory interests have been created or renewed to provide the assessor of the county in which the property is located information identifying the holders of a taxable possessory interest, the property involved, and the terms and conditions of the agreement giving rise to the taxable possessory interests. If your agency owns any property with taxable possessory interests, you are required to complete and file this form with the Assessor by **February 15**. Report all taxable possessory interests occurring in the prior year even if they ended in the prior year.

(Make necessary corrections to the printed name and mailing address) 「

NAME AND MAILING ADDRESS

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

TYPE OF TRANSACTION (check one)

NAME OF TENANT/LESSEE/PERMITTEE



Mono County Office of the Assessor

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)

EF-502-P-R03-0516-26000054-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS

ANNUAL USAGE REPORT

PROPERTY USAGE NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE ORIGINAL TERM REMAINING TERM ASSIGNMENTS NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) ORIGINAL TERM CONSIDERATION PAID FOR MASTER LEASE REMAINING TERM SUBLEASE

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	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE		
ASSIGNMENTS						

REMAINING TERM

CONSIDERATION PAID FOR UNDERLYING LEASE

CERTIFICATION

I certify (or declare) that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and covers any property required to be reported by the agency named in the statement. If prepared by a duly authorized person other than an agency official, the certification declaration is based on all the information of which the preparer has knowledge.

SIGNATURE OF AGENCY REPRESENTATIVE/PREPARER	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE
NAME OF PREPARER	TITLE
PREPARER'S EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER

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ORIGINAL TERM

ASSIGNMENTS