

#### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

LOCATION/DESCRIPTI	ION OF SUBJECT PROPERTY		DATEO	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED
	DN (check one) RENEWAL SUBLEASE	ASSIGNMENT	AMOUN	T AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE
	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE

TYPE OF TRANSACTION (check one)			AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)		
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	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE	

MAILING ADDRESS

## AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE PROPERTY USAGE

# IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE,

NAME OF TENANT/LESSEE/PERMITTEE

NAME OF TENANT/LESSEE/PERMITTEE

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

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.

MAILING ADDRESS

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.riversideacr.com/

Peter Aldana

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

EF-502-P-R03-0516-33000054-1 BOE-502-P (P1) REV. 03 (05-16)

### **POSSESSORY INTERESTS ANNUAL USAGE REPORT**



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