EF-502-P-R03-0516-01000142-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

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

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or more taxable po- information identifyir rise to the taxable p	ssessory interests have b ng the holders of a taxable possessory interests. If you	peen created or e possessory inte ur agency owns ar	renewed erest, the ny prope	cal governmental entity that is the fee owner of real property in which one of to provide the assessor of the county in which the property is located to property involved, and the terms and conditions of the agreement giving the taxable possessory interests, you are required to complete and file this prests occurring in the prior year even if they ended in the prior year.				
	TAXABLE POSSESSORY I			TY OWNED BY THIS AGENCY, CHECK HERE, AND SIGN, DATE,				
		PF	ROPER	RTY 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) CREATION RENEWAL SUBLEASE ASSIGNMENT			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				
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	CONSIDERATION PAID FOR UN	IDERLYING LEASE			
			CER	RTIFICATION				
of my knowledge a	nd belief it is true, correc red by a duly authorized	ct, and complete	and co	vers any property required	ments or other attachments, and to the best to be reported by the agency named in the on declaration is based on all the information			
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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