EF-502-P-R03-0516-03000408-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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

| or more taxable po information identifyir rise to the taxable p form with the Assess | ssessory interests have to ng the holders of a taxable cossessory interests. If you or by February 15 . Report | peen created or e possessory into ur agency owns al all taxable posses | renewed erest, the ny prope ssory inte | al governmental entity that is the fee owner of real property in which one to provide the assessor of the county in which the property is located e property involved, and the terms and conditions of the agreement giving rty with taxable possessory interests, you are required to complete and file this erests occurring in the prior year even if they ended in the prior year. | | | |
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| | AXABLE POSSESSORY IFORM TO THE ADDRESS | | | 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 | CONSIDERATION PAID FOR MASTER LEASE | | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |
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| ASSIGNMENTS | ORIGINAL TERM REMAINING TERM | | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |

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| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |
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| of my knowledge a | and belief it is true, correctived by a duly authorized | ct, and complete | and co | overs any property required | ements or other attachments, and to the best I to be reported by the agency named in the on declaration is based on all the information | |
| | CY REPRESENTATIVE/PREPA | | DATE | | | |
| NAME OF AGENCY RE | PRESENTATIVE | | TITLE | | | |
| NAME OF PREPARER | | | | TITLE | | |
| PREPARER'S EMAIL A | DDRESS | | DAYTIME TELEPHONE NUMBER | | | |

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