

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF HOLDER OF POSSESSORY INTEREST			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)			
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			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	/	CONSIDERATION PAID FOR UNDERLYING LEASE			

TYPE OF TRANSACTION (check one)			AMOUN	TAND 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
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE

MAILING ADDRESS

rise to the taxable possessory interests. If, as of January 1 this year, your agency owns any property with taxable possessory interests, you are required to complete and file this form with the county assessor by February 15.

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

PROPERTY USAGE

MAILING ADDRESS

ASSIGNMENT

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

Telephone: (707) 464-7200

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

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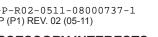
AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)

AGENCY PAID EXPENSES (if any, enter dollar amount)

EF-502-P-R02-0511-08000737-1 BOE-502-P (P1) REV. 02 (05-11)

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POSSESSORY INTERESTS ANNUAL USAGE REPORT



NAME OF HOLDER OF POSSESSORY INTEREST

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

NAME OF HOLDER OF POSSESSORY INTEREST

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

CREATION RENEWAL SUBLEASE

TERM OF POSSESSORY INTEREST (including renewal or extension options)

TYPE OF TRANSACTION (check one)

Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531

PROPERTY USAGE NAME OF HOLDER OF POSSESSORY INTEREST 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 HOLDER OF POSSESSORY INTEREST 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)

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 RENEWAL
 SUBLEASE
 ASSIGNMENT

 TERM OF POSSESSORY INTEREST (including renewal or extension options)
 AGENCY PAID EXPENSES (if any, enter dollar amount)

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 REMAINING TERM
 CONSIDERATION PAID FOR MASTER LEASE

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SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR MASTER LEASE	
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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