EF-502-P-R03-0516-14000540-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

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

Revenue and Taxati	on Code section 480.6 re	equires every stat	te or loc	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
information identifyir rise to the taxable p	ng the holders of a taxableossessory interests. If yo	le possessory inte ur agency owns ar	erest, th ny prope	er to provide the assessor of the county in which the property is located to provide 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.			
IF THERE ARE NO T		INTERESTS ON F	PROPER	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)			AGENC	AGENCY PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	GADDRESS			
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	SIGNMENTS ORIGINAL TERM REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE				
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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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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