

ORIGINAL TERM

ASSIGNMENTS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

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)			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	Й	CONSIDERATION PAID FOR MASTER LEASE	

REMAINING TERM

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)		AGENC	AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE	
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IF THERE ARE NO TAXABLE POSSESSORY INT	ERESTS ON PROPERTY OWNED BY THIS AGE	NCY, CHECK HERE , AND SIGN, DATE,
AND RETURN THE FORM TO THE ADDRESS SH	HOWN ABOVE.	
	PROPERTY USAGE	
NAME OF TENANT/LESSEE/PERMITTEE	MAILING ADDRESS	

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.

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

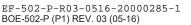
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NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

CONSIDERATION PAID FOR UNDERLYING LEASE



POSSESSORY INTERESTS ANNUAL USAGE REPORT

LOCATION/DESCRIPTION OF SUBJECT PROPERTY



		P	ROPE	RTY USAGE		
NAME OF TENANT/LESSEE/PERMITTEE			MAILIN	MAILING ADDRESS		
LOCATION/DESCRIPTION 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)		
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERI	М	CONSIDERATION PAID FOR UNDERLYING LEASE		
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERI	M	CONSIDERATION PAID FOR UNDERLYING LEASE		
				GADDRESS		
NAME OF TENANT/LESSEE/PERMITTEE			MAILING	JADDRE35		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
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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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