

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	GADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	F 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) AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	 Л	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE	

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SUBLEASE				
	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE
ASSIGNMENTS				

MAILING ADDRESS

AND RETURN THE FORM TO THE ADDRESS SHOW	N ABOVE.					
PROPERTY USAGE						
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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 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. IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE,

NAME AND MAILING ADDRESS

┛ 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

(Make necessary corrections to the printed name and mailing address)

Ukiah, CA 95482

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

EF-502-P-R03-0516-23000034-1

POSSESSORY INTERESTS ANNUAL USAGE REPORT

BOE-502-P (P1) REV. 03 (05-16)

TYPE OF TRANSACTION (check one)

NAME OF TENANT/LESSEE/PERMITTEE



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020

Telephone: (707) 234-6800

Fax: (707) 463-6597

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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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