EF-502-P-R03-0516-24000771-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us\assessor

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

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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 an 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 try 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.			
	FORM 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	1	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE				
NAME OF TENANT/LES	AOSE (DEDMITTEE		NAAU ING	ADDRESS			
NAME OF TENANT/LES	SSEE/PERWITTEE		WAILING	ADDRESS			
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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			CEI	RTIFICATION		
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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