EF-502-P-R03-0516-25000622-1 BOE-502-P (P1) REV. 03 (05-16)

## POSSESSORY INTERESTS ANNUAL USAGE REPORT



## Cheri Budmark Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

NAME AND MAILING ADDRESS (Make necessary corrections to the printed 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 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, AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE PROPERTY 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) 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) CONSIDERATION PAID FOR MASTER LEASE ORIGINAL TERM REMAINING TERM SUBLEASE REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE **ORIGINAL TERM ASSIGNMENTS** 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) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE **ORIGINAL TERM** SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE ORIGINAL TERM REMAINING TERM **ASSIGNMENTS** 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) 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 REMAINING TERM ORIGINAL TERM **ASSIGNMENTS** 

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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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)		
	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	M	CONSIDERATION PAID FOR MA	ASTER LEASE	
ASSIGNMENTS	ASSIGNMENTS ORIGINAL TERM REMAINING TER		CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS			
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MA	R MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE		
NAME OF TENANT/LE	SSEE/PERMITTEE		MAILING	G ADDRESS		
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE		
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of my knowledge a statement. If prepa	and belief it is true, correctered by a duly authorized	ct, and complete	e 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	
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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