

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 | | |
| | | | AMOUN | AMOUNT AND 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 | И | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR UNDERLYING LEASE | | |

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| P | ROPERTY USAGE |
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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

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

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

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Kristen DePaul 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

EF-502-P-R03-0516-25000162-1 BOE-502-P (P1) REV. 03 (05-16)

> **POSSESSORY INTERESTS ANNUAL USAGE REPORT**

> > NAME AND MAILING ADDRESS



PROPERTY USAGE

| NAME OF TENANT/LESSEE/PERMITTEE | | | MAILING | ADDRESS | | |
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| | ORIGINAL TERM | REMAINING TERM | N | CONSIDERATION PAID FOR MASTER LEASE | | |
| SUBLEASE | | | | | | |

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