EF-502-P-R02-0511-38000699-1 BOE-502-P (P1) REV. 02 (05-11)

POSSESSORY INTERESTS ANNUAL USAGE REPORT

NAME AND MAILING ADDRESS



Joaquín Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

(Make necessary corrections to the printed name and mailing address)	٦		
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Revenue and Taxation Code section 480.6 requires every state or local g or more taxable possessory interests have been created or renewed to information identifying the holders of a taxable possessory interest, the prise to the taxable possessory interests. If, as of January 1 this year, your	provide the assessor of the county in which the property is located operty involved, and the terms and conditions of the agreement giving		

rise to axable possessory interests, you are required to complete and file this form with the county assessor by February 15. PROPERTY USAGE NAME OF HOLDER OF POSSESSORY INTEREST 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 HOLDER OF POSSESSORY INTEREST 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 ORIGINAL TERM REMAINING TERM **ASSIGNMENTS** NAME OF HOLDER OF POSSESSORY INTEREST 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 **ORIGINAL TERM** REMAINING TERM **ASSIGNMENTS**

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-502-P-R02-0511-3800069

PROPERTY USAGE						
NAME OF HOLDER OF POSSESSORY INTEREST		MAILING	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		AMOUN	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	M	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	CONSIDERATION PAID FOR UNDERLYING LEASE		
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE		
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NAME OF HOLDER OF POSSESSORY INTEREST MAILING ADDRESS						
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UNDERLYING LEASE		
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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