EF-502-P-R03-0516-38000552-1 BOE-502-P (P1) REV. 03 (05-16)

## POSSESSORY INTERESTS ANNUAL USAGE REPORT



## Joaquín Torres Assessor-Recorder

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

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

or more taxable po information identifyir rise to the taxable p	ssessory interests have to ng the holders of a taxablo possessory interests. If you	peen created or e possessory into ur agency owns ar	renewed erest, th ny prope	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 rty 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.			
	TAXABLE POSSESSORY I FORM TO THE ADDRESS			TY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE,			
PF				ROPERTY 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)			AGENC	AGENCY 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			
NAME OF TENANT/LESSEE/PERMITTEE				MAILING ADDRESS			
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	CONSIDERATION PAID FOR UNDERLYING LEASE		
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UNDERLYING LEASE		
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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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