EF-502-P-R03-0516-41000366-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



MARK CHURCH Assessor - County Clerk - Recorder

555 County Center Redwood City, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov web: www.smcacre.gov

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

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or more taxable po information identifying rise to the taxable p	ssessory interests have ng the holders of a taxab possessory interests. If yo	been created or le possessory int ur agency owns a	renewed erest, the ny prope	ral governmental entity that is the fee owner of real property in which one of the provide the assessor of the county in which the property is located the property involved, and the terms and conditions of the agreement giving the rests occurring in the prior year even if they ended in the prior year.			
	TAXABLE POSSESSORY 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)				AGENCY PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UNDERLYING LEASE			
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	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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