

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	ADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
			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	Λ	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE	

LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED
	Ý Á	7	AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)
CREATION RENEWAL SUBLEASE ASSIGNMENT				
TERM OF POSSESSOF	Y 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	1	CONSIDERATION PAID FOR UNDERLYING LEASE

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	Y PAID EXPENSES (if any, enter dollar amount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE	
	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE	

MAILING ADDRESS

AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE **PROPERTY USAGE** NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS

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,

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

NAME OF TENANT/LESSEE/PERMITTEE

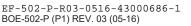
Revenue and Taxation Code section 480.6 requires every state or local governmental entity that is the fee owner of real property in which one or more taxable possessory interests have been created or renewed to provide the assessor of the county in which the property is located information identifying 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

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

Lawrence E. Stone Santa Clara County Assessor

Real Property Division West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-5300 RP@asr.sccgov.org www.sccassessor.org

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED



POSSESSORY INTERESTS ANNUAL USAGE REPORT



PROPERTY USAGE

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	ADDRESS		
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TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENC	AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE		

NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	GADDRESS	
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			/		
CREATION RENEWAL SUBLEASE ASSIGNMENT					
TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENC	Y PAID EXPENSES (if any, enter dollar amount)	
	ORIGINAL TERM	REMAINING TERM	4	CONSIDERATION PAID FOR MASTER LEASE	
SUBLEASE			/1	CONSIDERATION FAILT ON WASTEN LEASE	
I JOUDLLAGL	1	1			

SUBLEASE			
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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