EF-502-P-R02-0511-48000765-1 BOE-502-P (P1) REV. 02 (05-11)

## POSSESSORY INTERESTS ANNUAL USAGE REPORT



## Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

NAME AND MAILING ADDRESS (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 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, as of January 1 this year, your agency owns any property with taxable possessory interests, you are required to complete and file this form with the county assessor by **February 15**.

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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)  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	Й	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE				
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-502-P-R02-0511-4800076

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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	CONSIDERATION PAID FOR UNDERLYING LEASE			
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CERTIFICATION							
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of my knowledge a	and belief it is true, correct red by a duly authorized	ct, and complete	and co	vers 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		
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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