EF-502-P-R03-0516-55000414-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Kaenan Whitman Tuolumne County Assessor-Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.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 to ng the holders of a taxable cossessory interests. If you	peen created or e possessory inte ur agency owns ar	renewed erest, th ny prope	cal governmental entity that is the fee owner of real property in which one do to provide the assessor of the county in which the property is located to property involved, and the terms and conditions of the agreement giving orty with taxable possessory interests, you are required to complete and file this prests occurring in the prior year even if they ended in the prior year.				
	TAXABLE POSSESSORY I			RTY OWNED BY THIS AGENCY, CHECK HERE, AND SIGN, DATE,				
PROPERTY 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	1	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE				
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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OPPTIPIO ATION									
CERTIFICATION									
of my knowledge a	nd belief it is true, correc red by a duly authorized	ct, and complete	and co	vers any property required	ments or other attachments, and to the best 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 AI	DDRESS	DAYTIME TELEPHONE NUMBER							

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