

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY		DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
DN (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 PAID EXPENSES (if any, enter dollar amount)		
ORIGINAL TERM	REMAINING TERM	/	CONSIDERATION PAID FOR MASTER LEASE		
ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE		
	ON OF SUBJECT PROPERTY ON (check one) ENEWAL SUBLEASE RY INTEREST (including renewal) ORIGINAL TERM	ON OF SUBJECT PROPERTY DN (check one) ENEWAL SUBLEASE ASSIGNMENT RY INTEREST (including renewal or extension options) ORIGINAL TERM REMAINING TERN	ON OF SUBJECT PROPERTY     DATE OF       DN (check one)     AMOUNT       ENEWAL     SUBLEASE     ASSIGNMENT       RY INTEREST (including renewal or extension options)     AGENCY       ORIGINAL TERM     REMAINING TERM		

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SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE	
	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE	

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SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR UNDERLYING LEASE

MAILING ADDRESS

# IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE |, AND SIGN, DATE, AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE PROPERTY USAGE

T.

NAME OF TENANT/LESSEE/PERMITTEE

NAME OF TENANT/LESSEE/PERMITTEE

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

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 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.

MAILING ADDRESS

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

**Robert Menvielle** Imperial County Assessor 940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

EF-502-P-R03-0516-13000671-1 BOE-502-P (P1) REV. 03 (05-16)

> **POSSESSORY INTERESTS ANNUAL USAGE REPORT**



### **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) 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 PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE **ORIGINAL TERM** CONSIDERATION PAID FOR UNDERLYING LEASE REMAINING TERM ASSIGNMENTS

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SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE

CONSIDERATION PAID FOR UNDERLYING LEASE

REMAINING TERM

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SUBLEASE					
	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE	
ASSIGNMENTS					

# 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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**ORIGINAL TERM** 

ASSIGNMENTS