

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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NAME OF TENANT/LESSEE/PERMITTEE		MAILING ADDRESS				
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LOCATION/DESCRIPTION OF SUBJECT PROPERTY		DATE O	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)			AGENC	AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE		

LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	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					
LOCATION/DESCRIPTION OF SUBJECT PROPERTY	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED					

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,

NAME OF TENANT/LESSEE/PERMITTEE

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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 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)

EF-502-P-R03-0516-13000473-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT

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

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

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	MAILING ADDRESS		
LOCATION/DESCRIPT	ION OF SUBJECT PROPERTY		DATEO	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
TYPE OF TRANSACTIO	ON (check one)		AMOUN	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)		
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	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE		
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