

### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE				
				•				
NAME OF TENANT/LE	SSEE/PERMITTEE		MAILING	MAILING ADDRESS				
LOCATION/DESCRIPT	ION OF SUBJECT PROPERTY	·	DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
TYPE OF TRANSACTIO	ON (check one)		AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)					
CREATION RENEWAL SUBLEASE ASSIGNMENT								
TERM OF POSSESSO	RY 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				
	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE				

NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OI	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTION (check one)			AMOUN	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	Λ	CONSIDERATION PAID FOR MASTER LEASE			

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

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IF THERE ARE NO 1	FAXABLE PO	DSSESSO	RY INTEREST	S ON P	ROPERTY	OWNED I	BY THIS	AGEN	ICY, CHEC	K HERE	, AND	SIGN, D	,
AND RETURN THE	FORM TO T	HE ADDRI	ESS SHOWN A	ABOVE.							-		
				PR	OPERT	/ USAG	E						

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. ATE,

MAILING ADDRESS

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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)

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**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-R03-0516-13000422-1 BOE-502-P (P1) REV. 03 (05-16)

# **POSSESSORY INTERESTS ANNUAL USAGE REPORT**

NAME OF TENANT/LESSEE/PERMITTEE

LOCATION/DESCRIPTION OF SUBJECT PROPERTY



### PROPERTY USAGE

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
TYPE OF TRANSACTION	JIN (check one)		AMOUN	T 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	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				

NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	ADDRESS			
LOCATION/DESCRIPTIC	ON OF SUBJECT PROPERTY		DATE OI	TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTIO	N (check one)		AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)				
	ENEWAL SUBLEASE	ASSIGNMENT					
TERM OF POSSESSOR	Y INTEREST (including renewal)	or extension options)	AGENCY PAID EXPENSES (if any, enter dollar amount)				
	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE			
SUBLEASE							

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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