

#### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

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TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENC	Y PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM		Л	CONSIDERATION PAID FOR UNDERLYING LEASE		

	ENEWAL SUBLEASE	ASSIGNMENT		
TERM OF POSSESSORY INTEREST (including renewal or extension options)		AGENCY	PAID EXPENSES (if any, enter dollar amount)	
TERM OF TOSSESSONT INTEREST (including relewal of extension options)			THE EXTENSES (if any, enter usial amount)	
	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE
SUBLEASE		_		
	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE
ASSIGNMENTS			-	

IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON F	PROPERTY OWNED BY THIS AGENCY, CHECK HERE  , AND SIGN, DATE,
AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE	
PF	ROPERTY USAGE
NAME OF TENANT/LESSEE/PERMITTEE	MAILING ADDRESS

# 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.

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)

**COUNTY OF ALAMEDA** PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)

EF-502-P-R03-0516-01000386-1 BOE-502-P (P1) REV. 03 (05-16)



LOCATION/DESCRIPTION OF SUBJECT PROPERTY

TYPE OF TRANSACTION (check one)



## 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 (check one)         CREATION       RENEWAL         SUBLEASE       ASSIGNMENT         TERM OF POSSESSORY INTEREST (including renewal or extension options)			AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) AGENCY PAID EXPENSES (if any, enter dollar amount)			
	(					
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE		

NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	NG ADDRESS		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
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CREATION RENEWAL SUBLEASE ASSIGNMENT						
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	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE		
SUBLEASE						

SUBLEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE

NAME OF TENANT/LESSEE/PERMITTEE			MAILING	ADDRESS	
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TYPE OF TRANSACTION (check one)			AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSORY INTEREST (including renewal or extension options)		AGENCY	AGENCY PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE	

## 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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