EF-502-P-R02-0511-20000746-1 BOE-502-P (P1) REV. 02 (05-11)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦
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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, as of January 1 this year, your agency owns any property with taxable possessory interests, you are required to complete and file this form with the county assessor by **February 15**.

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		PF	ROPER	RTY USAGE			
NAME OF HOLDER OF POSSESSORY INTEREST			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	Й	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF HOLDER OF POSSESSORY INTEREST			MAILING ADDRESS				
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SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
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TERM OF POSSESSORY INTEREST (including renewal or extension options)		AGENCY PAID EXPENSES (if any, enter dollar amount)					
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Й	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-502-P-R02-0511-2000074

PROPERTY USAGE							
NAME OF HOLDER OF POSSESSORY INTEREST			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)		AMOUN	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)				
	RENEWAL SUBLEASE	ASSIGNMENT					
TERM OF POSSESSORY INTEREST (including renewal or extension options)		AGENCY PAID EXPENSES (if any, enter dollar amount)					
SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR MA	ASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF HOLDER OF	F POSSESSORY INTEREST		MAILING ADDRESS				
LOCATION/DESCRIPT	ION 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			AMOUN	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
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 MA	MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF HOLDER OF	POSSESSORY INTEREST		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)				
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MA	MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UN	SIDERATION PAID FOR UNDERLYING LEASE		
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CERTIFICATION							
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of my knowledge a	and belief it is true, correctured by a duly authorized	ct, and complete	and co	vers any property required	ements or other attachments, and to the best I to be reported by the agency named in the on declaration is based on all the information		
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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