

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
			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	<u> </u> Л	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE	

TYPE OF TRANSACTION (check one)			AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
	ENEWAL SUBLEASE	ASSIGNMENT			
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	
	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE	

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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						
NAME OF TENANT/LESSEE/PERMITTEE	MAILING ADDRESS					

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.

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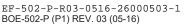
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

Mono County Office of the Assessor

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

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POSSESSORY INTERESTS ANNUAL USAGE REPORT

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

NAME OF TENANT/LESSEE/PERMITTEE

LOCATION/DESCRIPTION OF SUBJECT PROPERTY



		P	ROPE	RTY USAGE		
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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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