



**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 <i>(check one)</i> <input type="checkbox"/> CREATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> SUBLEASE <input type="checkbox"/> ASSIGNMENT		AMOUNT AND TYPE OF CONSIDERATION <i>(i.e. gross, full service, NNN, other)</i>	
TERM OF POSSESSORY INTEREST <i>(including renewal or extension options)</i>		AGENCY PAID EXPENSES <i>(if any, enter dollar amount)</i>	
<input type="checkbox"/> SUBLEASE	ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
<input type="checkbox"/> 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 (     )

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

