EF-502-P-R03-0516-42000557-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT

NAME AND MAILING ADDRESS



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

(маке necessary corrections to the printed name and mailing address) Г					
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or more taxable possessory interests have been created of information identifying the holders of a taxable possessory interests. If your agency owns form with the Assessor by February 15 . Report all taxable possessory	or renewed nterest, the any prope sessory inte	all governmental entity that is the fee owner of real property in which one of to provide the assessor of the county in which the property is located to property involved, and the terms and conditions of the agreement giving try with taxable possessory interests, you are required to complete and file this erests occurring in the prior year even if they ended in the prior year.			
AND RETURN THE FORM TO THE ADDRESS SHOWN ABOV	/E.	TY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE,			
		RTY USAGE			
NAME OF TENANT/LESSEE/PERMITTEE	MAILING	MAILING ADDRESS			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY		DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTION (check one)		AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
CREATION RENEWAL SUBLEASE ASSIGNMENT	4.05110				
TERM OF POSSESSORY INTEREST (including renewal or extension options)		AGENCY PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE ORIGINAL TERM REMAINING TE	RM	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS ORIGINAL TERM REMAINING TE	RM	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LESSEE/PERMITTEE	MAILING	SANNESS			
NAME OF TENANT/LEGGEL/FERMITTEE		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)		AMOUNT 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	AGENCY PAID EXPENSES (if any, enter dollar amount)			
TERM OF FOODESSORY INTEREST (Including reliewal of extension options)	, , , , OLIVO	AOLITOT I AID EXTENSES (II airy, enter utiliar amount)			
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ASSIGNMENTS ORIGINAL TERM REMAINING TE	RM	CONSIDERATION PAID FOR UNDERLYING LEASE			
	1				
NAME OF TENANT/LESSEE/PERMITTEE		MAILING ADDRESS			
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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 TE	RM	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS ORIGINAL TERM REMAINING TE	RM	CONSIDERATION PAID FOR UNDERLYING LEASE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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		PI	ROPEF	RTY USAGE		
NAME OF TENANT/LESSEE/PERMITTEE			MAILING	MAILING ADDRESS		
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	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	М	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	М	CONSIDERATION PAID FOR UNDERLYING LEASE		
NAME OF TENANT/LESSEE/PERMITTEE		MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY		DATE O	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UNDERLYING LEASE		
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UNDERLYING LEASE		
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of my knowledge a	and belief it is true, correctived by a duly authorized	ct, and complete	and co	overs 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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