

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR MASTER LEASE | |
|--|---------------|----------------|---|---|--|
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | | 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) | | | 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) | | |
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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**.

PROPERTY USAGE

MAILING ADDRESS

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

L

NAME OF HOLDER OF POSSESSORY INTEREST

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

CREATION RENEWAL SUBLEASE ASSIGNMENT

TYPE OF TRANSACTION (check one)

EF-502-P-R02-0511-43000693-1



BOE-502-P (P1) REV. 02 (05-11)

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Greg Monteverde

Acting Assessor Real Property Division West Tasman Campus

West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-5300 RP@asr.sccgov.org www.sccassessor.org

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

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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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