EF-502-P-R02-0511-48000709-1 BOE-502-P (P1) REV. 02 (05-11)

## POSSESSORY INTERESTS ANNUAL USAGE REPORT



## Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

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

LOCATION/DESCRIPTION OF SUBJECT PROPERTY  DATE OF TRANSACTION (in which a Taxable Possessory Interest was acquired TYPE OF TRANSACTION (check one) GRATION RENEWAL SUBLEASE ASSIGNMENT AGENCY PAID EXPENSES (if any, enter dollar amount)  AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)  AGENCY PAID EXPENSES (if any, enter dollar amount)  AGENCY PAID EXPENSES (	required to complete and file this form with the county assessor by <b>February 15</b> .								
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PROPERTY USAGE							
NAME OF HOLDER OF POSSESSORY INTEREST			MAILING ADDRESS				
LOCATION/DESCRIPTI	ION OF SUBJECT PROPERTY		DATE O	F TRANSACTION IN WHICH A TA	XABLE POSSESSORY INTEREST WAS ACQUIRED		
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CERTIFICATION							
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of my knowledge a	and belief it is true, correct red 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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