

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME OF TENANT/LESSEE/PERMITTEE				ADDRESS				
LOCATION/DESCRIPT	ION OF SUBJECT PROPERTY	,	DATE O	F 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)				Y PAID EXPENSES (if any, enter dollar amount)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE				

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TERM OF POSSESSORY INTEREST (including renewal or extension options)				AGENCY PAID EXPENSES (if any, enter dollar amount)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE				

	ENEWAL SUBLEASE	ASSIGNMENT		
TERM OF POSSESSORY INTEREST (including renewal or extension options)		or extension options)	AGENC	PAID EXPENSES (if any, enter dollar amount)
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE

MAILING ADDRESS

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IF THERE ARE NO T	AXABLE F	OSSES	SORY IN	ITEREST	S ON F	PROPERTY	OWNED	BY [·]	THIS AG	GENCY	, CHECK	K HERE	, AND SIC	SN, DATE,
AND RETURN THE F	ORM TO T	THE ADI	DRESS S	SHOWN A	BOVE									
					PI	ROPERT	Y USAG	Ε						
NAME OF TENANT/LESS	SEE/PERMI	TTEE				MAILING A	DDRESS							

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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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

(Make necessary corrections to the printed name and mailing address)

Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)

EF-502-P-R03-0516-54000528-1 BOE-502-P (P1) REV. 03 (05-16)



NAME AND MAILING ADDRESS

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

TYPE OF TRANSACTION (check one)

NAME OF TENANT/LESSEE/PERMITTEE



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 (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) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE ORIGINAL TERM REMAINING TERM ASSIGNMENTS 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 (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) AGENCY PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE ORIGINAL TERM REMAINING TERM SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE ORIGINAL TERM REMAINING TERM ASSIGNMENTS

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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE				

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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