

BJECT TO PUBLIC INSPECTION

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)									
or more taxable po information identifyir rise to the taxable p form with the Assess IF THERE ARE NO T AND RETURN THE I	ssessory interests have b ng the holders of a taxabl oossessory interests. If you or by February 15 . Report TAXABLE POSSESSORY I FORM TO THE ADDRESS	been created or e possessory inte ir agency owns ar all taxable posses NTERESTS ON P SHOWN ABOVE.	renewed erest, the ny proper sory inte ROPER	ADDDDDDD					
				MAILING ADDRESS					
TYPE OF TRANSACTION (check one)				AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) 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					
				ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED					
				AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) AGENCY 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					
NAME OF TENANT/LESSEE/PERMITTEE				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)					
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE					
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE					
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POSSESSORY INTERESTS

ANNUAL USAGE REPORT



Larie Durham **Calaveras County Assessor** 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

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)				
TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENCY 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				
NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS								
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY	-//	DATE O	E 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								
TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount)								
USUBLEASE ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE								
ASSIGNMENTS ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE								
NAME OF TENANT/LES	SSEE/PERMITTEE		GADDRESS					
LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED								
TYPE OF TRANSACTIO	DN (check one) ENEWAL SUBLEASE		AMOUN	T AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)				
TERM OF POSSESSOF	RY INTERE <mark>ST</mark> (including renewal	or extension options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM	л Л	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE				
		U						
			CEF	RTIFICATION				

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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