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				April 19	FAX:	(530) 934-6571	
	MAILING ADDRESS ssary corrections to the printed name	and mailing address)		٦			
or more taxable po information identifyin rise to the taxable p form with the Assess IF THERE ARE NO AND RETURN THE NAME OF TENANT/LES	ssessory interests have I ng the holders of a taxabl possessory interests. If you or by February 15. Report TAXABLE POSSESSORY I FORM TO THE ADDRESS	peen created or e possessory inte ur agency owns ar all taxable posses NTERESTS ON F SHOWN ABOVE PF	renewed erest, the sory inte PROPER ROPER MAILING	to provide the a property involventy with taxable pos- rests occurring in t TY OWNED BY TH TY USAGE ADDRESS	assessor of th d, and the ten sessory intere- he prior year of HIS AGENCY,	ne county in which ms and condition exts, you are required even if they ended CHECK HERE	
	DN (check one) ENEWAL SUBLEASE RY INTEREST (including renewal	ASSIGNMENT		TAND TYPE OF CON			VN, other)
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION P	AID FOR MAST	ER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION P	AID FOR UNDE	RLYING LEASE	
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	ADDRESS			
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
TYPE OF TRANSACTIO	DN <i>(check one)</i> ENEWAL SUBLEASE		AMOUN	AND TYPE OF CON	ISIDERATION (i	e. gross, full service, NN	VN, other)
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENCY	Y PAID EXPENSES (if	any, enter dollar a	mount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION P	AID FOR MAST	ER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION P	AID FOR UNDE	RLYING LEASE	
NAME OF TENANT/LES	SSEE/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	1	CONSIDERATION P	AID FOR MAST	ER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION P	AID FOR UNDE	RLYING LEASE	
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EF-502-P-R03-0516-11000261-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Sendy Perez Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

		PF	ROPEF	RTY 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	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	SADDRESS			
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY	-//	DATE O	E TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTIO	DN (check one) ENEWAL SUBLEASE		AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)			
USUBLEASE ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE							
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	Λ	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	GADDRESS			
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE OI	F 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	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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