

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME AND MAILIN (Make necessary of	IG ADDRESS orrections to the printed name	and mailing address)		7		
or more taxable possess information identifying the rise to the taxable posses form with the Assessor by IF THERE ARE NO TAXA AND RETURN THE FORM NAME OF TENANT/LESSEE/ LOCATION/DESCRIPTION OF TYPE OF TRANSACTION (chr)	sory interests have b e holders of a taxable essory interests. If you February 15. Report a BLE POSSESSORY IF M TO THE ADDRESS : PERMITTEE F SUBJECT PROPERTY eck one) VALSUBLEASE	een created or e possessory inte r agency owns ar all taxable posses NTERESTS ON P SHOWN ABOVE. PF	renewed erest, the hy proper sory inte ROPER MAILING DATE OF AMOUNT	Al governmental entity that is the fee owner of real property in which one to provide the assessor of the county in which the property is located a property involved, and the terms and conditions of the agreement giving ty with taxable possessory interests, you are required to complete and file this rests occurring in the prior year even if they ended in the prior year. IY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE, TY USAGE ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION ( <i>i.e. gross, full service, NINN, other</i> )		
SUBLEASE	EREST (including renewal o	r extension options) REMAINING TERM REMAINING TERM	1	PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE CONSIDERATION PAID FOR UNDERLYING LEASE		
NAME OF TENANT/LESSEE/	F SUBJECT PROPERTY	ASSIGNMENT	DATE OF	ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	GINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE		
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)		
Image: Sublease       ORIGINAL TERM       REMAINING TERM         ORIGINAL TERM       REMAINING TERM         ORIGINAL TERM       REMAINING TERM			1	PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE CONSIDERATION PAID FOR UNDERLYING LEASE		

EF-502-P-R03-0516-16000277-1 BOE-502-P (P1) REV. 03 (05-16)

**POSSESSORY INTERESTS** 

ANNUAL USAGE REPORT



Office of the Assessor Kings County 1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

PROPERTY USAGE								
NAME OF TENANT/LESSEE/PERMITTEE			MAILING	MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE O	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
TYPE OF TRANSACTION (check one)			AMOUN	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	Ń	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE				
		1						
NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS								
LOCATION/DESCRIPTI	ON 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)         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/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								
TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount)								
SUBLEASE	ORIGINAL TERM		Ń	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE				
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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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