EF-502-P-R03-0516-47000221-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

| NAME AND MAILING ADDRESS | |
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| (Make necessary corrections to the printed name and mailing address) | |
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| | | | | cal 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 | | | | |
| or more taxable pointing | no the holders of a taxable | e nossessory into | erest the | e property involved, and the terms and conditions of the agreement giving | | | | |
| | | | | rty with taxable possessory interests, you are required to complete and file this | | | | |
| form with the Assess | or by February 15 . Report | all taxable posses | sory inte | erests occurring in the prior year even if they ended in the prior year. | | | | |
| IF THERE ARE NO 1 | TAXABL <mark>E P</mark> OSSES <mark>SORY I</mark> | NTERESTS ON F | ROPER | TY OWNED BY THIS AGENCY, CHECK HERE, AND SIGN, DATE, | | | | |
| | FORM TO THE ADDRESS | | | | | | | |
| | | PF | ROPER | RTY USAGE | | | | |
| NAME OF TENANT/LESSEE/PERMITTEE | | | MAILING ADDRESS | | | | | |
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| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | | | |
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| NAME OF TENANT/LES | SSEE/PERMITTEE | | MAILING | GADDRESS | | | | |
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| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | | | |
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| PROPERTY USAGE | | | | | | | | |
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| NAME OF TENANT/LESSEE/PERMITTEE | | | | MAILING ADDRESS | | | | |
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| CERTIFICATION | | | | | | | | |
| 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 RE | PRESENTATIVE | | TITLE | | | | | |
| NAME OF PREPARER | | | | | TITLE | | | |
| PREPARER'S EMAIL ADDRESS | | | | | DAYTIME TELEPHONE NUMBER | | | |

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