

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)									
L									
NAME OF TENANT/LES		PF		TY USAGE ADDRESS					
NAME OF TENANT/LES	SSEE/FERMITTEE		WAILING	ADDRESS					
TYPE OF TRANSACTIC	ON OF SUBJECT PROPERTY DN (check one) ENEWAL SUBLEASE RY INTEREST (including renewal)	ASSIGNMENT	AMOUNT	TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION (i.e. gross, full service, NINN, 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					
NAME OF TENANT/LESSEE/PERMITTEE				ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED					
TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options)				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					
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)				PAID EXPENSES (if any, enter dollar amount)					
URIGINAL TERM REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE							
ASSIGNMENTS	ASSIGNMENTS ORIGINAL TERM REMAINING TERM		1	CONSIDERATION PAID FOR UNDERLYING LEASE					

EF-502-P-R03-0516-51000272-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160

Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

PROPERTY USAGE								
NAME OF TENANT/LESSEE/PERMITTEE			MAILING	GADDRESS				
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)								
SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	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 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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