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	MAILING ADDRESS	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	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 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. TY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE,	
TYPE OF TRANSACTIC	ON OF 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	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR MASTER LEASE	
NAME OF TENANT/LESSEE/PERMITTEE				ADDRESS TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
	ENEWAL SUBLEASE	ASSIGNMENT		PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE	
SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION PAID FOR UNDERLYING LEASE	
				MAILING ADDRESS DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
CREATION RENEWAL SUBLEASE ASSIGNMENT				AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) AGENCY PAID EXPENSES (if any, enter dollar amount)	
UBLEASE ORIGINAL TERM REMAINING TERM					
ASSIGNMENTS ORIGINAL TERM REMAINING TERM					

POSSESSORY INTERESTS

ANNUAL USAGE REPORT



Paul Dictos, CPA Fresno County Assessor-Recorder P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca.us

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)			AGENC	Y PAID EXPENSES (if any, enter dollar amount)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE				
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	ADDRESS				
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
	DN (check <mark>on</mark> e) RENEWAL 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)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TER	И	CONSIDERATION PAID FOR UNDERLYING LEASE				
				GADDRESS				
NAME OF TENANT/LESSEE/PERMITTEE								
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
	DN (check one)		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		M	CONSIDERATION PAID FOR MASTER LEASE				
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE				
		U						
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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