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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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