

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

				Sharing .	FAX:	(530) 934-6571		
	MAILING ADDRESS ssary corrections to the printed name	e and mailing address)		٦				
or more taxable poinformation identifyin rise to the taxable p form with the Assess IF THERE ARE NO	ion Code section 480.6 re issessory interests have b ng the holders of a taxabl cossessory interests. If you for by February 15 . Report TAXABLE POSSESSORY I FORM TO THE ADDRESS	been created or e possessory inte ur agency owns ar all taxable posses NTERESTS ON P SHOWN ABOVE.	renewed erest, the ny prope sory inte ROPER	d to provide the e property involve rty with taxable po erests occurring in	assessor of the ed, and the ter ssessory intere the prior year e	ne county in which ms and condition ests, you are require even if they ended	ch the property is local is of the agreement giv red to complete and file t in the prior year.	
TYPE OF TRANSACTIO	ON OF SUBJECT PROPERTY DN (check one) ENEWAL SUBLEASE RY INTEREST (including renewal	ASSIGNMENT	AMOUN		NSIDERATION (i	e. gross, full service, NI	INTEREST WAS ACQUIRED	
SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION				
TYPE OF TRANSACTIO	ON OF SUBJECT PROPERTY] AS <mark>SIG</mark> NMENT	DATE OF		NSIDERATION (i	e. gross, full service, NN	INTEREST WAS ACQUIREI	
SUBLEASE	ORIGINAL TERM	REMAINING TERM		CONSIDERATION I				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				MAILING ADDRESS DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)				
CREATION RENEWAL SUBLEASE ASSIGNMENT				AGENCY PAID EXPENSES (if any, enter dollar amount)				
ASSIGNMENTS ORIGINAL TERM REMAINING TERM				CONSIDERATION PAID FOR UNDERLYING LEASE				
	THICL		CIID I		C INCRECT	ON		

POSSESSORY INTERESTS

ANNUAL USAGE REPORT



Sendy Perez Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

		PI	ROPEF	RTY 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 POSSESSOF	RY 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				
NAME OF TENANT/LES				GADDRESS				
NAME OF TENANT/EE	SSEL/FERMITTEE		WALLING					
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE O	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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

