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or more taxable pos information identifyin rise to the taxable p	ssessory interests have b ig the holders of a taxable	een created or possessory inte of January 1 thi	renewed erest, the is year, y	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 your agency owns any property with taxable possessory interests, you are ruary 15.	
		PF		RTY USAGE	
NAME OF HOLDER OF	POSSESSORY INTEREST		MAILING	ADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
TYPE OF TRANSACTION (check one)				TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSOF	RY INTEREST (including renewal)	or exte <mark>nsi</mark> on options)	AGENC	/ PAID EXPENSES (if any, enter dollar amount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE	
NAME OF HOLDER OF POSSESSORY INTEREST			MAILING	G ADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED	
TYPE OF TRANSACTION (check one)				TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)	
TERM OF POSSESSORY INTEREST (including renewal or extension options)			AGENC	(PAID EXPENSES (if any, enter dollar amount)	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	Л	CONSIDERATION PAID FOR MASTER LEASE	
ASSIGNMENTS	ASSIGNMENTS ORIGINAL TERM REMAINING TERM		Л	CONSIDERATION PAID FOR UNDERLYING LEASE	
NAME OF HOLDER OF POSSESSORY INTEREST				MAILING ADDRESS	
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
				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	

(Make necessary corrections to the printed name and mailing address)

POSSESSORY INTERESTS

ANNUAL USAGE REPORT

NAME AND MAILING ADDRESS

EF-502-P-R02-0511-27000371-1

BOE-502-P (P1) REV. 02 (05-11)



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Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

PROPERTY USAGE NAME OF HOLDER OF POSSESSORY INTEREST 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) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE REMAINING TERM ORIGINAL TERM ASSIGNMENTS NAME OF HOLDER OF POSSESSORY INTEREST 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) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) CONSIDERATION PAID FOR MASTER LEASE ORIGINAL TERM **REMAINING TERM** SUBLEASE **ORIGINAL TERM REMAINING TERM** CONSIDERATION PAID FOR UNDERLYING LEASE ASSIGNMENTS NAME OF HOLDER OF POSSESSORY INTEREST 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) CREATION RENEWAL SUBLEASE ASSIGNMENT TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE **ORIGINAL TERM** ASSIGNMENTS 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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