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					RP@asr.sccgov.org www.sccassessor.org	(400) 200 0010	
	MAILING ADDRESS sary corrections to the printed name	and mailing address)		7			
					hat is the fee owner of rea or of the county in which		
information identifyir rise to the taxable p form with the Assess	ng th <mark>e holders of</mark> a taxabl possessory interests. If you or by February 15 . Report	e pos <mark>se</mark> ssory inte ur agency owns ar all taxable posses	erest, the ny prope sory inte	e property involved, and rty with taxable possesso rests occurring in the prio	the terms and conditions or y interests, you are required r year even if they ended in t	of the agreement giving to complete and file this he prior year.	
	AXABLE POSSESSORY 1 FORM TO THE ADDRESS	SHOWN ABOVE		TY OWNED BY THIS AG	ENCY, CHECK HERE, A	ND SIGN, DATE,	
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY			DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED				
	ENEWAL SUBLEASE	ASSIGNMENT	AMOUN	AND TYPE OF CONSIDER	ATION (i.e. gros <mark>s, full service, NI</mark> NN, o	other)	
TERM OF POSSESSOR	RY INTEREST (including renewal	or exte <mark>nsi</mark> on options)	AGENCY	PAID EXPENSES (if any, ente	er dollar amount)	-	
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R UNDERLYING LEASE		
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	ADDRESS			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTIO	N (check one)		AMOUN	AND TYPE OF CONSIDER	ATION (i.e. gross, full service, NNN, a	other)	
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENCY	YPAID EXPENSES (if any, ente	er doll <mark>ar</mark> amount)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R UNDERLYING LEASE		
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	ADDRESS			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY				DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTION (check one)				AND TYPE OF CONSIDER	ATION (i.e. gross, full service, NNN,	other)	
				AGENCY PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FO	R UNDERLYING LEASE		

EF-502-P-R03-0516-43000193-1 BOE-502-P (P1) REV. 03 (05-16)

> **POSSESSORY INTERESTS** ANNUAL USAGE REPORT



Lawrence E. Stone Santa Clara County Assessor

Real Property Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-5300 FAX: (408) 298-3015

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)				AGENCY 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		
		1				
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	SADDRESS		
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE O	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED		
TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE ASSIGNMENT						
TERM OF POSSESSOF	RY INTEREST (including renewal	or extension options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)		
SUBLEASE	USUBLEASE ORIGINAL TERM REMAINING TERM 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 TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE ASSIGNMENT ASSIGNMENT						
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	Ń	CONSIDERATION PAID FOR MASTER LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE		
		U		DE!		
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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