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	MAILING ADDRESS ssary corrections to the printed name	e and mailing address)		Г			
or more taxable po information identifyir rise to the taxable p form with the Assess IF THERE ARE NO T	ion Code section 480.6 re ssessory interests have ng the holders of a taxabl possessory interests. If yo or by February 15 . Report TAXABLE POSSESSORY FORM TO THE ADDRESS	been created or le possessory inte ur agency owns ar all taxable posses INTERESTS ON P SHOWN ABOVE.	renewed erest, the ny prope sory inte ROPER	I to provide the property involve rty with taxable po erests occurring in	assessor of the ed, and the terms ssessory interests the prior year eve	county in which to s and conditions of s, you are required en if they ended in t	the property is locate of the agreement givin to complete and file th he prior year.
TYPE OF TRANSACTIC	ON OF SUBJECT PROPERTY DN (check one) ENEWAL SUBLEASE RY INTEREST (including renewal	ASSIGNMENT	AMOUN		NSIDERATION (i.e. g	gros <mark>s, full service, NI</mark> NN, c	EREST WAS ACQUIRED
SUBLEASE	ORIGINAL TERM	REMAINING TERM			PAID FOR MASTER		
TYPE OF TRANSACTIC	ON OF SUBJECT PROPERTY] AS <mark>SIG</mark> NMENT	DATE OF		NSIDERATION (i.e. g	gross, full service, NNN, c	EREST WAS ACQUIRED
SUBLEASE	ORIGINAL TERM	REMAINING TERM			PAID FOR MASTER		
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 TERM OF POSSESSORY INTEREST (including renewal or extension options) ORIGINAL TERM REMAINING TERM ORIGINAL TERM REMAINING TERM							
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BOE-502-P (P1) REV. 03 (05-16) **POSSESSORY INTERESTS** ANNUAL USAGE REPORT

EF-502-P-R03-0516-01000220-1



Phong La ALAMEDA COUNTY ASSESSOR 1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

		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 of	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	SEE/PERMITTEE		MAILING	ADDRESS			
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE OI	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTIC	DN (check one) ENEWAL SUBLEASE		AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
TERM OF POSSESSOF	RY INTEREST (including renewal of	or extension options)	AGENC	Y PAID EXPENSES (if any, enter dollar amount)			
SUBLEASE	ORIGINAL TERM	REMAINING TERM	VI	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	И	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LES	SEE/PERMITTEE		MAILING	GADDRESS			
LOCATION/DESCRIPTI	ON OF SUBJECT PROPERTY		DATE OI	F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE OF TRANSACTIO	N (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			
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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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