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or more taxable possessory interests have b information identifying the ho <mark>ld</mark> ers of a taxable	een created or in e possessory inte of January 1 this	ate or local governmental entity that is the fee owner of real property in which one renewed to provide the assessor of the county in which the property is located terest, the property involved, and the terms and conditions of the agreement giving his year, your agency owns any property with taxable possessory interests, you are or by February 15 .
	PF	
NAME OF HOLDER OF POSSESSORY INTEREST		MAILING ADDRESS
LOCATION/DESCRIPTION OF SUBJECT PROPERTY	ΛΛ	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED
TYPE OF TRANSACTION (check one)	ASSIGNMENT	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)
TERM OF POSSESSORY INTEREST (including renewal of		AGENCY PAID EXPENSES (if any, enter dollar amount)
SUBLEASE ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	REMAINING TERM	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
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	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE
NAME OF HOLDER OF POSSESSORY INTEREST		MAILING ADDRESS
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TYPE OF TRANSACTION (check one)	ASSIGNMENT	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)
UBLEASE ORIGINAL TERM	REMAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	REMAINING TERM	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-R02-0511-20000365-1

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



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Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

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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