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				100	Email: as	ssessor@co.sutter.	ca.us	
	MAILING ADDRESS ssary corrections to the printed name	e and mailing address)		٦				
or more taxable poinformation identifyir rise to the taxable point of the taxable point with the Assess IF THERE ARE NO	ion Code section 480.6 re ossessory interests have ng the holders of a taxabl possessory interests. If yo sor by February 15 . Report TAXABLE POSSESSORY FORM TO THE ADDRESS	been created or e possessory inte ur agency owns an all taxable posses NTERESTS ON F SHOWN ABOVE	renewed erest, the ny proper sory inte PROPER	to provide the property involv- rty with taxable p rests occurring if TY OWNED BY	assessor of the o red, and the terms ossessory interests the prior year ever	county in which th and conditions of you are required to if they ended in th	e property is located the agreement giving complete and file this prior year.	
		P		TY USAGE				
NAME OF TENANT/LES	SSEE/PERMITTEE		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) AGENCY PAID EXPENSES (if any, enter dollar amount)				
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR MASTER	LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR UNDERLY	ING LEASE		
NAME OF TENANT/LES	SSEE/PERMITTEE		MAILING	ADDRESS				
LOCATION/DESCRIPTI	ION OF SUBJECT PROPERTY	,	DATE OF	TRANSACTION IN	N WHICH A TAXABLE	POSSESSORY INTE	REST WAS ACQUIRED	
TYPE OF TRANSACTION (check one)						ross, full service, NNN, otl	ner)	
TERM OF POSSESSO	RY INTEREST (including renewal	or ex <mark>ten</mark> sion options)	AGENCY	PAID EXPENSES	(if any, enter dollar amou	nt)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR MASTER	LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR UNDERLY	ING LEASE		
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TERM OF POSSESSO	RY INTEREST (including renewal	or extension options)	AGENCY	PAID EXPENSES	(if any, enter dollar amou	nt)		
SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR MASTER	LEASE		
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION	PAID FOR UNDERLY	ING LEASE		
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POSSESSORY INTERESTS

ANNUAL USAGE REPORT



Kathy Scriven **Sutter County Assessor** 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160

Fax Number: (530) 822-7198

		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 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			
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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			
TYPE OF TRANSACTION (check one) AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) CREATION RENEWAL SUBLEASE							
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	И	CONSIDERATION PAID FOR MASTER LEASE			
ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	N	CONSIDERATION PAID FOR UNDERLYING LEASE			
NAME OF TENANT/LESSEE/PERMITTEE			MAILING ADDRESS				
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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					

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