

**POSSESSORY INTERESTS
ANNUAL USAGE REPORT**

Section 480.6 Revenue & Taxation Code
(Name and Mailing Address of Agency)



MARK CHURCH
Assessor-County Clerk-Recorder
555 County Center
Redwood City, CA 94063
www.smcare.org

OFFICIAL REQUIREMENT

This is a written request made pursuant to Sec. 480.6 of the Revenue and Taxation Code. This report must be completed in detail by the agency and filed with the Assessor by February 15.

This report is not a public document. The information contained herein will be held secret by the Assessor (Sec. 451, Rev. & Tax. Code); it can only be disclosed to the district attorney, grand jury, and other agencies specified in Sec. 408 of the Rev. & Tax. Code. Attached schedules are considered to be part of the report.

California law requires every state or local governmental entity that is the fee owner of real property in which one or more taxable possessory interests have been created or renewed to provide the assessor of the county in which the property is located information identifying the holder(s) of a taxable possessory interest, the property involved, and the terms and conditions of the agreement giving rise to the taxable possessory interests. The agency may provide the county assessor the information on either (1) a preliminary change in ownership report or change in ownership statement, or, (2) an annual real property usage report. If, as of January 1 this year, your agency owns any property with taxable possessory interests that have not already been reported on a preliminary change in ownership report or on a change in ownership statement, you are required to complete and file this form with the county assessor by **February 15**.

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) <input type="checkbox"/> Creation <input type="checkbox"/> Renewal <input type="checkbox"/> Sublease <input type="checkbox"/> 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): \$

Sublease:
 Original Term and Remaining Term _____
 Consideration Paid for Master Lease _____

Assignments:
 Original Term and Remaining Term _____
 Consideration Paid for Underlying Lease _____

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CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this report, including any accompanying schedules and statements, 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. This certification statement must be signed.

SIGNATURE OF AGENCY REPRESENTATIVE	TITLE	DATE
<input type="checkbox"/>		
NAME OF PREPARER <i>(print or type)</i>	DAYTIME TELEPHONE NUMBER	
	()	