

Assessor or Department Petition for Appeal

This form is for Assessor or Department Use Only. Property Owners must not use this form.

Submit this Petition Form to:
 Nevada State Board of Equalization
 c/o Nevada Department of Taxation
 1550 E College Parkway, Suite 115
 Carson City, NV 89706

STEP 1. Please provide your contact information:

 Name of Assessor or Department (Petitioner) (Please print/type)

 Contact Person (If different than Petitioner name) (Please print/type)

 Mailing Address

 City State Zip Code

 Daytime Telephone Number (With area code)

 Fax Number (If avail.)

 E-mail address (If available)

 E-mail address of Contact Person (If available)

STEP 2. List the complete name of the Property Owner who will be the respondent in this appeal and contact information, as applicable.

 Name of Property Owner (Respondent) (Please print/type)

 Contact Person who will receive all correspondence if no agent assigned, generally employee of company or relative of Property Owner.

 dba Business Name (If applicable such as Company, LLC, Partnership, Corporation, etc.)

 Mailing Address

 Mailing Address (If different from Respondent address)

 City State Zip Code

 City State Zip Code

 Daytime Telephone Number (With area code) Fax Number (If avail.)

 Daytime Telephone Number (With area code) Fax Number (If avail.)

 E-mail address (If available)

 E-mail address (If available)

STEP 3. List the following information about the property being appealed. If multiple parcels are the subject of the appeal and have the same issues, list each parcel number separately on an attached sheet. If multiple parcels are being appealed and do not have the same issues, fill out a separate appeal form for each parcel.

APN or Parcel Identifier: _____

Tax Year(s) Being Appealed: _____ **Physical Address of Property:** _____

If more than one tax year is being appealed, list each year separately, such as 2012-13.

Check the description(s) which best fits your property:

Part a):

Secured Roll Unsecured Roll Supplemental Roll Centrally-assessed Roll

Part b):

Vacant Land <input type="checkbox"/>	Residential property <input type="checkbox"/>	Net Proceeds of Minerals <input type="checkbox"/>
Multi-family Residential Property <input type="checkbox"/>	Personal Property <input type="checkbox"/>	Mining Property <input type="checkbox"/>
Commercial Property <input type="checkbox"/>	Mobile Home (not on foundation) <input type="checkbox"/>	Centrally-assessed Utilities <input type="checkbox"/>
Industrial Property <input type="checkbox"/>	Agricultural Property <input type="checkbox"/>	Construction work in progress <input type="checkbox"/>

STEP 4. Describe the type of appeal (Check all that apply):

Appeal from county board decision or Direct appeal

- a) NRS 361.360 (1): Aggrieved at the action of the County Board in equalizing or failing to equalize.
- b) NRS 361.395(1): Request for equalization of neighborhood or market area.
- c) NRS 361.403: Centrally assessed property.
- d) NRS 361.769 (3)(b): Property escaping taxation.
- e) NRS 361A.240(2)(b): Under-or-over valuation of open-space use assessment.
- f) NRS 362.135: Net Proceeds of Minerals Tax certification.

Are you requesting value be removed from the roll? _____ If yes, why? _____

STEP 5. Describe the case information from the county board of equalization, if applicable.

County in which the appeal was heard _____ County Case Number _____

Date Heard by County _____

STEP 6. Describe the taxable and assessed values being appealed.

Property Type	Assessor		County Board Did the county board change the assessor's value? Y ___ N ___		Petitioner: <i>What is the value you seek? Write N/A on each line for values which are not being appealed.</i>	
	Taxable Value	Assessed Value	Taxable Value	Assessed value	Taxable Value	Assessed value
Land						
Buildings						
Personal Property						
Total						

STEP 7. Sign and date the appeal.

I hereby petition the State Board of Equalization to hear my appeal. I have read the petition and believe the contents to be true.

Representative of Assessor or Department Name (Print or type)

Title

Signature

Date

If you choose to submit additional documents, each document must be on 8-1/2" x 11" white paper and must be legibly written, printed or typewritten on one side of the paper only. Each document must be signed by the party submitting it and must include the current mailing address and telephone number of the submitter, per NAC 361.721.

**If you have questions about this form or the appeal process, please call: (775) 684-2160.
Fax (775) 684-2020.**