



# Nevada Department of Taxation Appraiser Transfer/Leave

Return this form to:  
Division of Local Government Services  
1550 College Parkway  
Carson City, Nevada 89706

**Please Print or Type:**

## 1. APPRAISER INFORMATION

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*County*

## 2. REASON FOR LEAVING

Retired

Transferred

Other

Last day of employment: \_\_\_\_\_

## 3. SIGNATURES

By my signature below, I verify the appraiser is no longer an appraiser of the sponsoring tax agency and information and date are true and correct.

▶ \_\_\_\_\_  
*Assessor or Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

▶ \_\_\_\_\_  
*Administrative Assistant of Local Government Services Signature*

\_\_\_\_\_  
*Date*

▶ \_\_\_\_\_  
*Deputy Director of Local Government Services Signature*

\_\_\_\_\_  
*Date*