

Nevada State Board of Equalization <u>ASSESSOR</u> Petition for Appeal from the Decision of the County Board of Equalization

If you have questions about this form or the appeal process, please call: (775) 684-2160 Email completed form to: stateboard@tax.state.nv.us or Fax (775) 684-2020 Mail: State Board of Equalization, 3850 Arrowhead Dr, Carson City, NV, 89706

PROPERTY OWNERS MUST NOT USE THIS FORM. USE FORM 5101SBE

Please Print or Type:

Part A. ASSESSOR INFORMATION									
NAME OF ASSESSOR AND COUNTY TITLE:	/IN								
NAME OF ASSESSOR REPRESENTATIVE					TITLE				
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)					EMAIL ADDRESS:				
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATI	EDHONE	FAX NUMBER			
GITT	SIAIL	ZIF CODE	DATHWE FRONE	ALIERNAII	FIIONE	1 AX NOWIDER			
Dart R DRODERTY OWNER AND	DESD		JEORMATION						
Part B. PROPERTY OWNER AND RESPONDENT INFORMATION NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:									
NAME OF RESPONDENT (IF DIFFERENT THAN PROPERTY	OWNER LIST	TED ABOVE):		TITLE	TITLE				
	00.00.000	0		5144# 4555					
MAILING ADDRESS OF RESPONDENT (STREET ADDRESS	OR P.O. BOX)		EMAIL ADDRE	:88:				
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATI	E PHONE	FAX NUMBER			
		5522							
Part C. PROPERTY OWNER EN	TITY DE	SCRIPTIO	N						
Check organization type which best describe				natural person	_				
	Trust	, , , , , , , , , , , , , , , , , , ,	•	☐ Corporation					
• •		-1 1 : :41 !		•		1 - 1 A			
☐ Limited Liability Company (LLC) ☐	i Genera	al or Limited	Partnersnip L	Governmen	t or Governm	nental Agency			
☐ Other, please describe:									
The organization described above was	s formed	under the la	ws of the State of	_					
The organization described above is a	non-pro	ofit organizati	on. 🛘 Yes 📮	□No					
Part D. PROPERTY IDENTIFICAT	TION IN	IFORMATIO	N						
1. Enter Physical Address of Prope	rty:								
ADDRESS STREET/ROAD			CITY (IF APPLICABLE)		COUNTY				
2 Enter Applicable ADN or Accoun	4 Niumb	or from coo	sament natice a	r tovbill					
2. Enter Applicable APN or Accoun	LINUIID	er ironi asse	ACCOUNT NUMBER	i laxbiii.					
3. Does this appeal involve multiple	parcels	? Yes □ N	No □	List multiple _l	parcels on a sepai	rate, letter-sized sheet.			
If yes, enter number of parcels:			ple parcel list is a		•	•			
		mana	pro parcor not lo a						
4. Check Property Use Type: ✓									
☐ Vacant Land	☐ Mobile Home (Not on foundation) ☐ Mining Property								
☐ Residential Property	☐ Commercial Property ☐ Industrial Property								
☐ Multi-Family Residential Property	□ Agricultural Property □ Personal Property								
☐ Possessory Interest in Real or Personal property									
,	- · · ·	, ,							
5. Check Year and Roll Type of Assessment being appealed: ☑									
☐ 2025-2026 Secured Roll									
☐ 2025-2026 Centrally-assessed Roll	1 !								
		2027-2020	140111006643110	"					
Other years being appealed:									
Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.									

For Clerk Use Only:

Form 5103SBE Assessor Appeal from CBE Last Revised 11/19/2024

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Part E. VALUE OF PROPERTY

	As established by County Board of Equalization		Assessor: What is the value you seek? Write N/A on each line for values which are not being appealed.		
Property Type	Taxable Value	Assessed Value	Taxable Value	Assessed value	
Land					
Buildings					
Personal Property					
Total					

Total			
Part F. TYPE OF APPEAL Check box which best describes the all	uthority of the State Board to take j	iurisdiction to hear the appeal.	
NRS 361.360(1); NRS 361.400(2) County Board or the failure of the County property.	The value of real or personal prope ty Board to equalize resulting in ove		
NRS 361A.240(2)(b): The under-or	-over valuation of open-space use pro	operty is being appealed	
NRS 361A.273(1): This is an apper deferred tax years; the notice of conversi County Board.	eal of a determination that agricultura on from the assessor was received a		
NRS 361.360(1); NAC 361.747(2)(0	e): The property was denied an exemp	otion that is allowed by law. If so,	describe the applicable exemption:
Other reason, please describe			
Part G. ATTACH A BRIEF ST IN THIS APPEAL. Part H. COUNTY APPEAL IN		ESCRIBING THE ISSUE	ES AND CONTENTIONS
County in which appeal was heard:	County Case Number:	Date Heard by	/ County:
		1	
	VERIFICA	TION	
I verify (or declare) under pendinformation hereon, including the best of my knowledge and	any accompanying stateme		
► Petitioner Signature			Date
	0		