Nevada State Board of Equalization

Petition for DIRECT Appeal by County Assessor or Department of Taxation

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., 2nd Floor, Carson City, NV, 89706

PROPERTY OWNERS MUST NOT USE THIS FORM. USE FORM LGS-F029.

Please Print or Type:

Part A. PETITIONER INFORMATION							
NAME OF PETITIONER AND/OR ORGANIZATION :							
NAME OF ASSESSOR OR DEPARTMENT REPRESENTATIVE				TITLE	TITLE		
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)				EMAIL ADDF	EMAIL ADDRESS:		
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNA	E PHONE	FAX NUMBER	
Part B. PROPERTY OWNER AND RESPONDENT INFORMATION NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:							
NAME OF RESPONDENT (IF DIFFERENT THAN PROPERT	OWNER LIS	TED ABOVE):		TITLE	TITLE		
MAILING ADDRESS OF RESPONDENT (STREET ADDRESS	OR P.O. BOX	()		EMAIL ADDF	EMAIL ADDRESS:		
		,					
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNA	E PHONE	FAX NUMBER	
Check organization type which best describes the Property Owner if an entity and not a natural person. □ Sole Proprietorship □ Trust □ Corporation □ Limited Liability Company (LLC) □ General or Limited Partnership □ Government or Governmental Agency □ Other, please describe: □ The organization described above was formed under the laws of the State of □ The organization described above is a non-profit organization. □ Yes □ No Part D. PROPERTY IDENTIFICATION INFORMATION 1. Enter Physical Address of Property:							
ADDRESS STREET/ROA	D		CITY (IF APPLICA	BLE)	COUNTY		
2. Enter Applicable APN or Accoun	nt Numb	er from asse	essment noti	ce or taxbill:	<u> </u>		
ASSESSOR'S PARCEL NUMBER (APN)			ACCOUNT NUMB	ER			
3. Does this appeal involve multiple	e parcels	s? Yes □ 1	No 🗆	List multiple	parcels on a sep	arate, letter-sized sheet.	
If yes, enter number of parcels:				is attached.	, , , , , , , , , , , , , , , , , , , 		
4. Check Property Use Type: ☑			<u> </u>				
□ Vacant Land □ Mobile Home (Not on foundation) □ Mining Property □ Industrial Property □ Industrial Property □ Personal Property □ Personal Property □ Personal Property							
5. Check Year and Roll Type of Assessment being appealed: ☑							
□ 2024-2025 Secured Roll □ 2023-2024 Unsecured Roll □ 2023-2024 Supplemental Roll □ 2024-2025 Centrally-assessed Roll □ 2023-2024 Net Proceeds Roll							
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.							
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				For Clerk Use Only:			

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Part E. VALUE OF PROPERTY

	As established by County Assessor or Department of Taxation		Petitioner: 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					
Possessory interest in real property					
Centrally-assessed properties					
Net Proceeds of Minerals					
Total					

	t F. TYPE OF APPEAL ck box which best describes the authority of the State Board to take jurisdiction to hear the appeal.
equa	NRS 361.360(3): The value of real or personal property is being appealed, but the appeal could not be heard by a county board of lization because the real or personal property was placed on the unsecured tax roll after December 15.
	NRS 361.395(1): Request for equalization of neighborhood or market area.
(cent	NRS 361.403: This is an appeal regarding the undervaluation, overvaluation or non-assessment of property by the Nevada Tax Commission trally-assessed utility or transportation properties).
	NRS 361.769(3)(b): Property escaping taxation.
	NRS 362.135: This is an appeal of the certification of Net Proceeds of Minerals Tax by the Department of Taxation.
	This is an appeal of the denial of exemption of real or personal property by Department of Taxation
	Other reason, please describe.

Part G. ATTACH A STATEMENT DESCRIBING THE FACTS, REASONS AND STATUTORY BASIS RELIED UPON TO SUPPORT THE CLAIM, PURSUANT TO NAC 361.7012(6).

Part H. COUNTY APPEAL INFORMATION

County in which appeal was heard:	County Case Number:	Date Heard by County:

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

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Petitioner Signature	Title	Date