

**Nevada Department of Taxation  
Appraiser Transfer/Leave**

Return this form to:  
Division of Local Government Services  
3850 Arrowhead Drive  
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*