



# Nevada Department of Taxation Appraiser Transfer/Leave

Return this form to:  
Division of Local Government Services  
3850 Arrowhead Dr., 2nd Floor  
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