



**CLAIM FOR EXEMPTION
POLLUTION CONTROL PROPERTY
(NRS 361.077; NRS 361.155)**

RETURN THIS FORM NO LATER THAN JUNE 15, 2024

Please Print or Type:

Part A. PROPERTY OWNER CONTACT INFORMATION

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:					
NAME OF CONTACT PERSON			TITLE		
MAILING ADDRESS OF CONTACT PERSON (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:	
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

Part B. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address where pollution control property is located:

ADDRESS	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
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2. Enter Applicable APN or Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER (PIN)-MINES
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3. The claimed pollution control property is associated with the following principal business type:

- Electric Utility
 Telecommunications
 Railroad
 Airline
 Gas/Pipeline
 Precious Metals Mine
 Industrial Minerals Mine
 Geothermal Mine

Part C. List ALL Property for which pollution control exemption is claimed, including property claimed in prior years, new property added this year, and property deletions on the attached sheet(s).

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; and that each property included in this claim is not used as an air conditioner, septic tank or sewage facility used to move sewage to collection facilities; that each property claimed for exemption had a value of at least \$1,000 when constructed, installed or first used; and the use of each property or facility claimed does not produce a net profit to the owner or operator from the recovery, sale or use of a tangible product or by-product, and does not include a facility or device which, when installed and operating, results in a net reduction of operating costs. I hereby authorize and empower Nevada taxing authorities and their deputies to personally inspect the facilities, examine supporting documents or otherwise verify the claimed property exemptions.

Claimant Signature (Use blue ink) _____ Title _____ Date _____

If you have questions about this form, please call: (775) 684-2006.
Return the completed document by clicking the "Submit" button, or email:
mineforms@tax.state.nv.us



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Part C. List ALL Property for which pollution control exemption is claimed, including property claimed in prior years, new property added this year, and property deletions below.

Property Asset	Description of Primary Purpose	Permit Type (e.g., air quality, SAD)	Permit Class (e.g., Class IV)	Permit #	Cite the Federal Rule or State Statute/Reg requiring the pollution control	Installation Date	Installation Cost	Check all that apply: <input checked="" type="checkbox"/>		
								Reported in Prior Year	Deleted this year	New this year
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Attach additional sheets as necessary.

ATTACH THIS SHEET TO THE SIGNATURE PAGE AND FILE THIS REPORT WITH THE NEVADA DEPARTMENT OF TAXATION
BY: **June 15, 2024**

Return the completed document by clicking the "Submit" button, or email:

MineForms@tax.state.nv.us

Submit