

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: <u>stateboard@tax.state.nv.us</u> 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 :

NAME OF ASSESSOR REPRESENTATIVE				TITLE	
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)			EMAIL ADDRESS:		
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER
			1	1	1

Part B. PROPERTY OWNER AND RESPONDENT INFORMATION

NAME OF RESPONDENT (IF DIFFERENT THAN PROPERTY OWNER LISTED ABOVE):				TITLE	
MAILING ADDRESS OF RESPONDENT (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:	
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER
					1

Part C. PROPERTY OWNER ENTITY DESCRIPTION

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 was formed under the laws of the order of $__$

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS	STREET/ROAD		CITY (IF APPLICABLE)		COUNTY		
2. Enter Applicable APN or Account Number from assessment notice or taxbill:							
ASSESSOR'S PARCEL NUMBER (APN)			ACCOUNT NUMBER				
3. Does this appeal involve multiple parcels? Yes No No List multiple parcels on a separate, letter-sized sheet.							
If yes, enter number of parcels: Multiple parcel list is atta			attached. 🛛				
4. Check Property Use Ty	/pe: ☑						
Vacant Land		□ Mobile Home (No	ot on foundatior	n) 🗆 Minii	ng Property		
Residential Property		Commercial Prop	perty		□ Industrial Property		
Multi-Family Residential	Property	□ Agricultural Prop			onal Property		
□ Possessory Interest in Real or Personal property							
5. Check Year and Roll Ty	ype of Asse	essment being appe	aled: 🗹				
2025-2026 Secured Roll		🗖 2024-2025 l	Jnsecured Roll		2024-2025 Supplemental Roll		
2025-2026 Centrally-ass	essed 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.							
			Г				
				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 line for values which are not being appealed.	
Property Type	Taxable Value	Assessed Value	Taxable Value	Assessed value
Land				
Buildings				
Personal Property				
Total				

Part F. TYPE OF APPEAL

Check box which best describes the authority of the State Board to take jurisdiction to hear the appeal.

NRS 361.360(1); NRS 361.400(2): The value of real or personal property is being appealed; the Petitioner is aggrieved at the action of the County Board or the failure of the County Board to equalize resulting in overvaluation of property or undervaluation or non-assessment of other property.

NRS 361A.240(2)(b): The under-or-over valuation of open-space use property is being appealed

NRS 361A.273(1): This is an appeal of a determination that agricultural property has been converted to a higher use and for valuations for deferred tax years; the notice of conversion from the assessor was received after July 1 and before December 16 and the appeal was heard by the County Board.

NRS 361.360(1); NAC 361.747(2)(c): The property was denied an exemption that is allowed by law. If so, describe the applicable exemption:

U Other reason, please describe.

Part G. ATTACH A BRIEF STATEMENT OR LETTER DESCRIBING THE ISSUES AND CONTENTIONS IN THIS APPEAL.

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.

Petitioner Signature

Title

Date