Nevada Department of Taxation Local Government Services Division



Approval or Objection to Proposed Improvement Factor

Please check the appropriate boxes. If you object to the proposed Improvement Factor, please state the reason(s) why in the space provided and attach any data you may have for further consideration by the Department and the Nevada Tax Commission.

Pursu	ıant to NRS 361.261(2) I, the Assessor for	_ County, have
reviev	wed the Improvement Factor Study and hereby notify the Nevada following:	Tax Commission
	I re-cost all improvements annually (approval or objection may not be I apply an improvement factor to improvements outside the reapprais	·
	I object to the 2025-26 proposed Statewide Improvement Factors of the 2025-26 proposed Statewide Impro	or of 1.00.
	I object to the proposed factor for the following reasons:	
Name	e (please print):	
Signat	ture: Date:	