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JAN 16 2023

APPEAL CASE # 23-0052

Washoe County Board of Equalization

APN 025-631-03

WASHOE COUNTY ASSESSOR

PETITION FOR REVIEW OF TAXABLE VALUATION

NBC OBGQ
APPR DA

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than Jan 16. If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a different due date may apply.

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION (Agent's Information to be completed in Part H)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Sierra Parkway LLC					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Blake Nelson				TITLE Agent	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) P.O. Box 92129				EMAIL ADDRESS: blake.nelson@altusgroup.com	
CITY Southlake	STATE TX	ZIP CODE 76092	DAYTIME PHONE (817)-264-9221	ALTERNATE PHONE 817-789-8249	FAX NUMBER ()

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- ☐ 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 is a non-profit organization. ☐ Yes ☐ No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self ☐ Trustee of Trust ☐ Employee of Property Owner
☐ Co-owner, partner, managing member ☐ Officer of Company
☐ Employee or Officer of Management Company
☐ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
☒ Other, please describe: Agent

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 6940 Sierra Center Parkway	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
Purchase Price:	Purchase date:		

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) 025-631-03	ACCOUNT NUMBER
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3. Does this appeal involve multiple parcels? Yes ☐ No ☐

List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
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4. Check Property Use Type: ☒

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input type="checkbox"/> Residential Property	<input checked="" type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

5. Check Year and Roll Type of Assessment being appealed: ☒

<input checked="" type="checkbox"/> 2023-2024 Secured Roll	<input type="checkbox"/> 2022-2023 Reopen	<input type="checkbox"/> 2022-2023 Unsecured/Supplemental	<input type="checkbox"/> 2022-2023 Exemption Value
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Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	\$2,277,396	2,173,878
Buildings	\$21,169,175	17,867,882
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	\$23,446,571	20,041,760

Part F. TYPE OF APPEAL

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

- ☒ NRS 361.357: The full cash value of my property is less than the computed taxable value of the property.
- ☒ NRS 361.356: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.
- ☐ NRS 361.355: My property is overvalued because other property within the county is undervalued or not assessed, and I have attached the proof showing the owner, location, description and the taxable value of the undervalued property.
- ☐ NRS 361.155: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.
- ☐ NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.
- ☐ NRS 361.769: My property has been assessed as property escaping taxation for this year and/or prior years.

Part G. WRITE A STATEMENT DESCRIBING THE FACTS AND/OR REASONS FOR YOUR APPEAL, REQUEST FOR REVIEW, OR COMPLAINT. (ATTACH A SEPARATE PAGE IF MORE ROOM IS NEEDED).

INITIAL REVIEW INDICATES VALUE EXCEEDS MARKET. WE WILL SHARE OUR ANALYSIS PRIOR TO A HEARING, AND WE MAY ADJUST OUR VALUE OPINION ACCORDINGLY

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 I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H below is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H

Petitioner Signature

Title

Print Name of Signatory

Date

Part H. AUTHORIZATION OF AGENT Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the County Board.

I hereby authorize the agent whose name and contact information appears below to file a petition to the County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition. I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Blake Nelson			TITLE: Agent		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Altus Group			EMAIL ADDRESS: blake.nelson@altusgroup.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) P.O. Box 92129					
CITY Southlake	STATE TX	ZIP CODE 76092	DAYTIME PHONE 817-264-9221	ALTERNATE PHONE 817-789-8249	FAX NUMBER ()

Authorized Agent must check each applicable statement and sign below.

- ☒ I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board.
- ☒ 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 I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and the limitations contained in the Agent Authorization Form to be separately submitted.

Authorized Agent Signature

Agent

Title

Blake Nelson

Date

Print Name of Signatory

- ☐ I hereby withdraw my appeal to the County Board of Equalization.

Signature of Owner or Authorized Agent/Attorney

Date

Zimmer, Lora

From: Exemptions
Sent: Monday, January 16, 2023 4:17 PM
To: Zimmer, Lora
Cc: Jachimowicz, Michele
Subject: FW: BOE Appeal Form Filing- Washoe County, N
Attachments: Reno Behavioral 025-631-03 Washoe Co.pdf; HD 3313 Washoe Co.pdf; HD 3311 Washoe CO.pdf; HD 3304 Washoe Co.pdf; CVS 200-020-17 Washoe Co.pdf; CVS 140-213-42 Washoe Co .pdf; CVS 026-182-62 Washoe Co.pdf; CVS 006-166-06 Washoe Co.pdf; HD 8560 Washoe Co.pdf

From: Tiffany Hughes <tiffany.hughes@altusgroup.com>
Sent: Monday, January 16, 2023 1:08 PM
To: Exemptions <Exemptions@washoecounty.gov>
Cc: Blake Nelon <blake.nelon@altusgroup.com>; Melissa Cohoon <melissa.cohoon@altusgroup.com>
Subject: BOE Appeal Form Filing- Washoe County, N

[NOTICE: This message originated outside of Washoe County -- **DO NOT CLICK** on links or open **attachments** unless you are sure the content is safe.]

Please see attached 2023-2024 Appeal forms.

We will send the agent authorization via separate email once received if not already attached with appeal.

Regards.

Tiffany Hughes
Senior Analyst, Property Tax, State & Local Tax and Advisory
Altus Expert Services, Altus Group
tiffany.hughes@altusgroup.com | www.altusgroup.com

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