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JAN 17 2023

APPEAL CASE # 23-0071

Washoe County Board of Equalization

APN 090-090-06

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WASHOE COUNTY ASSESSOR PETITION FOR REVIEW OF TAXABLE VALUATION

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 17. If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a home, the due date may apply.

Please Print or Type:

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

Form with fields: NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Veka West Inc; NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Scott Resek; TITLE: VP of Finance and CFO; MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): 100 Veka Dr; CITY: Fombell; STATE: PA; ZIP CODE: 16123; DAYTIME PHONE: 724-452-1000; ALTERNATE PHONE: (); 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.

- Input boxes for 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.

- Input boxes for 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.

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

Form with fields: ADDRESS: 14250; STREET/ROAD: Lear Blvd; CITY (IF APPLICABLE): Reno; COUNTY: Washoe; Purchase Price; Purchase date

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

Form with fields: ASSESSOR'S PARCEL NUMBER (APN): 090-090-06; ACCOUNT NUMBER

3. Does this appeal involve multiple parcels? Yes No List multiple parcels on a separate, letter-sized sheet.

Form with fields: If yes, enter number of parcels; Multiple parcel list is attached.

4. Check Property Use Type:

Form with checkboxes for Vacant Land, Residential Property, Multi-Family Residential Property, Possessory Interest in Real or Personal property, Mobile Home (Not on foundation), Commercial Property, Agricultural Property, Mining Property, Industrial Property, Personal Property

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

Form with checkboxes for 2023-2024 Secured Roll, 2022-2023 Reopen, 2022-2023 Unsecured/Supplemental, 2022-2023 Exemption Value

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Buildings, Personal Property, Possessory Interest in real property, Exempt Value, Total.

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).
Subject is one of the highest PSF assessments in the Stead airport area. Other industrial properties to the northwest are assessed at \$35-\$45 PSF, well above the subject at \$25/5F

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: Charlie Young		TITLE: Senior Tax Manager			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: DuCharme, McMillen & Associates, Inc		EMAIL ADDRESS: cyoung@dmains.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 16435 N. Scottsdale Rd., Suite 230					
CITY Scottsdale	STATE AZ	ZIP CODE 85254	DAYTIME PHONE 517-851-9769 ext. 3514	ALTERNATE PHONE 480-419-2556	FAX NUMBER 480-419-9769

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.

Charlie Young
 Authorized Agent Signature

Senior Tax Manager
 Title

Charlie Young
 Print Name of Signatory

1-11-2023
 Date

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

 Signature of Owner or Authorized Agent/Attorney

 Date

Washoe County Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 328-2277

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: VEKA WEST INC					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Scott Resek				TITLE VP of Finance and CFO	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 100 VEKA DR				EMAIL ADDRESS:	
CITY FOMBELL	STATE PA	ZIP CODE 16123	DAYTIME PHONE (724-452-1000)	ALTERNATE PHONE ()	FAX NUMBER ()

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if 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 PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

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: _____

Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) 090-090-06	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER
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Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED:

<input checked="" type="checkbox"/> 2023-2024 Secured Roll	<input type="checkbox"/> 2022-2023 Reopen Roll	<input type="checkbox"/> 2022-2023 Unsecured Roll	<input type="checkbox"/> 2022-2023 Supplemental Roll
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Other years being appealed: _____

Be prepared to cite the legal authority, if any, that permits the County Board to consider appeals of taxable value from prior years.

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Washoe County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

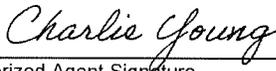
I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Washoe County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

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: CHARLIE YOUNG			TITLE: SENIOR TAX MANAGER		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: DUCHARME, MCMILLEN & ASSOCIATES, INC			EMAIL ADDRESS: cyoung@dmmainc.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 16435 N. Scottsdale Rd., Suite 230					
CITY Scottsdale	STATE AZ	ZIP CODE 85254	DAYTIME PHONE 517 851-9769 ext.3514	ALTERNATE PHONE 480-419-2556	FAX NUMBER 480-419-9769

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.


 Authorized Agent Signature _____ Title **Senior Tax Manager** _____ Date **1-10-2023**

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:			TITLE:		
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			EMAIL ADDRESS:		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)					
CITY	STATE	ZIP CODE	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

Authorized Agent Signature _____ Title _____ Date _____

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. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.


 Property Owner / Equalization Signature _____ Title **VP of Finance and CFO** _____ Date **1/6/2023**

For clerk use only



AN EXTENSION OF YOUR TAX DEPARTMENT

Via Certified Mail Tracking # 7021 0350 0000 8435 8794
Return Receipt

January 12, 2023

Washoe County Assessor's Office
1001 E Ninth Street, Bldg D
Reno, NV 89512

RE: Veka West Inc
Address: 14250 Lear Blvd, Reno, NV
Parcel Numbers: 090-090-06

To Whom It May Concern:

DuCharme, McMillen & Associates, Inc. is the duly authorized representative for the above referenced taxpayer. As such, enclosed are the completed Assessment Appeal Application form, signed Agent Authorization document and supporting documents.

If you have any questions, please feel free to contact Charlie Young at cyoung@dmainc.com, or 616-540-5762.

Sincerely,

Carson Wetzel
Associate Tax Consultant

Enclosures