

# Incline Village/Crystal Bay Consent to Claim Refund Form

*This form is required if parcel ownership includes multiple co-owners. Designated claimant will be responsible to allocate any refund. Submitting this Consent to Claim along with your Claim Form will help expedite your claim processing.*

Parcel Number (APN OR PIN) \_\_\_\_\_ Property Address \_\_\_\_\_

I, \_\_\_\_\_, have received authorization from all co-owners of the above parcel to submit a claim for any refund due for this property for tax years 2003/04, 2004/05 or 2005/06. Below are their signatures, authorizing me to claim and disperse on their behalf any refunds issued.

I authorize the above-named individual, who co-owned the above parcel with me, to collect and disperse any refund due to all co-owners.

Name Printed: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Digital and written signatures accepted.*