



MICHAEL E. CLARK
WASHOE COUNTY ASSESSOR

1001 E 9TH ST BLDG D
RENO, NV 89512
(775) 328-2277

PETITION FOR REVIEW
2019/2020 PARTIAL ABATEMENT OF TAXES DETERMINATION

DEADLINE FOR FILING PETITION IS JUNE 30, 2020

The partial abatement status should be reported as of July 1 of the beginning of the fiscal year being appealed.
Changes in status after July 1 will be effective for the following tax billing.

Assessor Parcel Number (APN) or Account Number: _____

Owner Name: _____

Mailing Address: _____

City, State, Zip: _____

Address of Property (if different from mailing address): _____

REASON FOR PETITION

- As of July 1, 2019 the property listed above was the **primary residence** of one or more of the owners of this property.
- As of July 1, 2019 the property listed above was a rental property & had been rented out between April 1, 2018 and March 31, 2019. **(YOU MUST PROVIDE RENTAL INFORMATION BELOW FOR OUR OFFICE TO DETERMINE PARTIAL ABATEMENT QUALIFICATION)**

Number of Bedrooms: _____

Monthly Rent Amount: _____

(Please provide the highest amount of monthly rent charged between April 1, 2018 and March 31, 2019)

Is Heat/Electric included in monthly rent? **YES** **NO**

- Other Reason of Petition (please provide detailed explanation & attach additional sheets if necessary):

By signing below, the Petitioner affirms and certifies under penalties pursuant to law that the above statements are true and correct. Be advised that any person who falsely claims to be entitled to a partial abatement from taxation, with the intent to evade the payment of the amount of ad valorem taxes required by law, shall pay a penalty of three times the amount of the tax deficiency, in addition to the amount of the tax due and any other penalty provided by law.

Signature

Date

When completed, return this petition to:

ATTN: Assessment Services Division
Washoe County Assessor
1001 E 9th St Ste D120
Reno NV 89512

FOR COUNTY ASSESSOR'S OFFICE USE ONLY:

CPCD & Low/High Cap before Petition: _____ Date Appeal Response Mailed: _____

APPROVED DENIED Reason: _____

TAX CAP STATUS AFTER REVIEW OF PETITION:

POQ (low cap) VOQ (low cap) RTQ (low cap) RTD (high cap) QHC (high cap) OTHER