Clark County Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call: 702-455-3891.

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	X ROLL:					
NAME OF PERSON GRANTING AUTHORITY TO AGENT(IF DIFFERENT THAN PROPERTY OWNER):				TITLE	TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:		
						CITY
□ Limited Liability Company (LLC) □ Other, please describe: The organization described above were the organization described above is Part C. RELATIONSHIP OF PEI Check box which best describes the relation Additional Information may be necessary. □ Self □ Co-owner, partner, managing mere the Employee or Officer of Managemere the Employee, Officer, or Owner of Lemployee, Officer, or Owner of Lemployee, Describe: Part D. PROPERTY SUBJECT Enter APN or Account Number from assess ASSESSOR'S PARCEL NUMBER (APN)	RSON of Please seed of TO THI	coperty Owner is to the control or Limited ed under the corofit organization of Petitioner to Fee instructions the corofit organization of Itelasehold, outice or tax billings to the corotax billings of the corotax billings	d Partnership □ laws of the State ation. □ Yes BAUTHORITY To Property Owner: □ □ Employee o □ Officer of Control of the State ation. □ Yes	Corporation Government or Government or Government or Government or Government or Government or Government on Government on Government of Property Owner ompany st, or beneficial interest	ernmental Agency	
■ Multiple parcel list attached. (L	Jse lette	er-size pape	er)			
Part E. YEAR AND ROLL TYPE	OF AS	SSESSMEN	IT BEING APPE	ALED: ₩		
☐ 2025-2026 Secured Roll		2024-2025 Un		2024-2025 Su	pplemental Roll	
Other years being appealed:					hh-smannan izan	
Be prepared to cite the legal authority, if an	ny, that p	ermits the Cou	inty Board to conside	er 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 Clark 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 Clark 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 the Petition for appeal.

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: TITLE AUTHORIZED AGENT COMPANY, IF APPLICABLE EMAIL ADDRESS MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) CITY 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 **Authorized Agent Contact Information:** AUTHORIZED AGENT COMPANY, IF APPLICABLE EMAIL ADDRESS MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) DAYTIME PHONE ALTERNATE PHONE FAX NUMBER CITY STATE ZIP CODE 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 **CERTIFICATION** I certify (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 the agent named herein to represent the Property Owner as stated and I have the authority to appoint the authorized agent named herein. Property Owner / Petitioner Signature Date Title Print Name of Owner/Petitioner

Agent Authorization Approved by SBOE 11/20/2015