



CLARK COUNTY ASSESSOR'S OFFICE

TAX CAP FORM

Real Property Parcel Number: _____

Manufactured Home Account Number: _____

Address _____

Print Name _____

Telephone Number: _____

THIS SECTION TO BE COMPLETED FOR RESIDENTIAL PROPERTIES ONLY:

Nevada Revised Statute 361.471 through 361.4735 provides for a partial abatement of taxes.

Is this your PRIMARY Nevada residence?

Yes _____ No _____

This property is a RENTAL property:

Yes _____ No _____

Owner's Signature: _____

Date: _____

I affirm and certify under penalties pursuant to law that the above information is true and correct and that I will notify the Assessor if the status of this property changes.

RETURN THIS FORM BY MAIL OR EMAIL TO:

FOR QUESTIONS CALL: 702-455-3882

BRIANA JOHNSON
CLARK COUNTY ASSESSOR
500 S GRAND CENTRAL PKWY
PO BOX 551401
LAS VEGAS NV 89155-1401
EMAIL: AOCustomerServiceRequests@ClarkCountyNV.gov
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