

RECEIVED

JAN 15 2020

Washoe County Board of Equalization

APN 037-031-06

PETITION FOR REVIEW OF TAXABLE VALUATION

APPR JCT

NBC DIDQ

WASHOE COUNTY ASSESSOR

Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a different due date may apply.

Please Print or Type:

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

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: LOWE'S HW INC.					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): LOWES HOME CENTERS INC. - Blake Nelson - Atlas				TITLE Agent	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) P.O. Box 92129				EMAIL ADDRESS:	
CITY Southlake	STATE TX	ZIP CODE 76092	DAYTIME PHONE 817-264-9221	ALTERNATE PHONE 817-789-8249	FAX NUMBER 817-251-4833

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.

- ☐ 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.

- ☐ 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: Agent

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 1355 Schoels Dr	STREET/ROAD	CITY (IF APPLICABLE) Sparks	COUNTY Washoe
Purchase Price:	Purchase date:		

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

ASSESSOR'S PARCEL NUMBER (APN) 037-031-06	ACCOUNT NUMBER
--	----------------

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

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
----------------------------------	--

4. Check Property Use Type: ☒

<input type="checkbox"/> Vacant Land <input type="checkbox"/> Residential Property <input type="checkbox"/> Multi-Family Residential Property <input type="checkbox"/> Possessory Interest in Real or Personal property	<input type="checkbox"/> Mobile Home (Not on foundation) <input checked="" type="checkbox"/> Commercial Property <input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Mining Property <input type="checkbox"/> Industrial Property <input type="checkbox"/> Personal Property
---	---	--

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

<input type="checkbox"/> 2020-2021 Secured Roll <input type="checkbox"/> 2019-2020 Reopen <input type="checkbox"/> 2019-2020 Unsecured/Supplemental <input type="checkbox"/> 2019-2020 Exemption Value
--

Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	5239,740	3,056,518
Buildings	3,886,497	6,079,340
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	14,126,237	9,135,858

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).

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.

▶ Blake Nelson
Petitioner Signature

Agent
Title

Blake Nelson
Print Name of Signatory

1/15/20
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: <u>Blake Nelson</u>		TITLE: <u>Agent</u>			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <u>Altus Group</u>		EMAIL ADDRESS: <u>blake.nelson@altusgroup.com</u>			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <u>P.O. BOX 92129</u>					
CITY <u>Southlake</u>	STATE <u>TX</u>	ZIP CODE <u>76092</u>	DAYTIME PHONE <u>817-264-9221</u>	ALTERNATE PHONE <u>817-251-6666</u>	FAX NUMBER <u>817-251-4833</u>

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.

▶ Blake Nelson
Authorized Agent Signature

Agent
Title

Blake Nelson
Print Name of Signatory

1/15/20
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: <u>LOWE'S HOME CENTERS, LLC (Successor in interest to LOWE'S HIW, INC)</u>					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): <u>Marisa Gast</u>				TITLE <u>Accountant</u>	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) <u>1000 Lowe's Blvd</u>				EMAIL ADDRESS: <u>Marisa.gast@lowes.com</u>	
CITY <u>Mooresville</u>	STATE <u>NC</u>	ZIP CODE <u>28117</u>	DAYTIME PHONE <u>704-693-2760</u>	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)	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"/> 2020-2021 Secured Roll	<input type="checkbox"/> 2019-2020 Reopen Roll	<input type="checkbox"/> 2019-2020 Unsecured Roll	<input type="checkbox"/> 2019-2020 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: <u>Blake Nelson</u>				TITLE: <u>Agent</u>		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <u>Altus Group US</u>				EMAIL ADDRESS: <u>blake.nelson@altusgroup.com</u>		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <u>P.O. Box 92129</u>						
CITY <u>Southlake</u>	STATE <u>TX</u>	ZIP CODE <u>76092</u>	DAYTIME PHONE <u>817-264-9221</u>	ALTERNATE PHONE <u>817-789-8249</u>	FAX NUMBER <u>817-251-4833</u>	

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

Blake Nelson Agent 1/13/20
 Authorized Agent Signature Title 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	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.

Marian C Gast Accountant 1-15-2020
 Property Owner / Petitioner Signature Title Date

Street Smart. World Wise.



Washoe County Board of Equalization
1001 East 9th St,
Reno, NV, 89512

Re: BOE appeal of 037-031-06

To Whom It May Concern,

The following is intended to appeal the proposed 2019 property tax assessment for the above referenced account. The subject property is owned by Lowe's HIW, Inc., and our authorization to act on their behalf is being provided.

We hope to contact the assessor's office for a review and possible resolution to this appeal prior to an actual hearing of the BOE. At that time, or at the BOE, we will provide additional information to support our position that the current value is in need of an adjustment. Our proposed Owner's Opinion of Value as stated on the appeal form is based on our preliminary review. If needed, this value might be adjusted prior to a hearing once additional research is completed.

We have tried to provide everything required establishing a valid appeal, but we respectfully request the opportunity to address anything further that may be required.

Thank you in advance for your cooperation to correct this.

Blake Nelton

Director, State & Local Tax and Advisory, Altus Group US Inc.

Street Smart. World Wise.



Washoe County Board of Equalization
1001 East 9th St,
Reno, NV, 89512

Re: Agent Authorization Parcel List

Please accept the following list of parcels as being covered under our provided Agent Authorization Form for Lowe's Home Centers. LLC (Successor in interest to Lowe's HIW Inc)

040-951-08

037-031-06

Jachimowicz, Michele

From: Blake Nelon <blake.nelon@altusgroup.com>
Sent: Thursday, January 23, 2020 6:52 AM
To: Jachimowicz, Michele
Subject: RE: APPEAL FOR WASHOE COUNTY
Attachments: 2020_01_23_08_48_05.pdf

[**NOTICE:** This message originated outside of Washoe County -- **DO NOT CLICK** on **links** or open **attachments** unless you are sure the content is safe.]

Hello Michele,

Thank you for reaching out to me and I apologize for the error, but yes it was my intention to appeal the 2020/2021 Secured Roll.

I have made the corrections to the paperwork, and attached the revisions for you here (see attached). Please let me know if you need anything further.

Thank you again!

Blake Nelon,
Director, State & Local Tax and Advisory
Altus Expert Services, Altus Group
blake.nelon@altusgroup.com | www.altusgroup.com
D: 817.264.9221 | T: 817.251.6666 ext 3321 | F: 817.251.4833
640 W. Southlake Blvd
Southlake, Texas, 76092

-----Original Message-----

From: Jachimowicz, Michele [mailto:MJachimowicz@washoecounty.us]
Sent: Wednesday, January 22, 2020 5:31 PM
To: Blake Nelon
Subject: APPEAL FOR WASHOE COUNTY

[External Sender: mjachimowicz@washoecounty.us]

Hi Mr. Nelon ~

We received your appeals for Lowe's (attached) and on the letter you provided, it states that you are appealing the 2019-2020 proposed property tax assessment. On the first page of the appeal, you did not mark a box (#5) however, on the Agent Authorization Form you did mark 2020-2021 Secured Roll.

Please review the documents and let me know if what you are appealing is the 2020-2021 Secured Roll.

Thank you,
Michele Jachimowicz

Principal Account Clerk
Washoe County Assessor's Office
775-328-2266

The information maintained herein is for assessment purposes only. Washoe County, its officers, agents, employees and representatives do not warrant that the information contained herein is error free. Persons relying upon this information are urged to verify the information from other sources. Washoe County, its officers, agents, employees and representatives will not be responsible for the use or misuse of this information and persons using this information are hereby notified to do so at their own risk.

RECEIVED

Washoe County Board of Equalization

APN 037-031-06

JAN 15 2020

PETITION FOR REVIEW OF TAXABLE VALUATION

APPR JCT
NBC DIDQ

WASHOE COUNTY ASSESSOR Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than 5 p.m. of the date due. If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a different due date may apply.

Please Print or Type:

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

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: LOWE'S HW INC.					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): LOWES HOME CENTERS INC. - Blake Nelson - Altus				TITLE Agent	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) P.O. Box 92129				EMAIL ADDRESS:	
CITY Southlake	STATE TX	ZIP CODE 76092	DAYTIME PHONE 817-264-9221	ALTERNATE PHONE 817-789-8249	FAX NUMBER 817-251-4833

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.

- ☐ 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.

- ☐ 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: Agent

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS 1355 Schoels Dr.	STREET/ROAD	CITY (IF APPLICABLE) Sparks	COUNTY Washoe
Purchase Price:	Purchase date:		

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

ASSESSOR'S PARCEL NUMBER (APN) 037-031-06	ACCOUNT NUMBER
--	----------------

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

If yes, enter number of parcels:	Multiple parcel list is attached. <input type="checkbox"/>
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4. Check Property Use Type: ☒

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input type="checkbox"/> Residential Property	<input checked="" type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

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

<input checked="" type="checkbox"/> 2020-2021 Secured Roll	<input type="checkbox"/> 2019-2020 Reopen	<input type="checkbox"/> 2019-2020 Unsecured/Supplemental	<input type="checkbox"/> 2019-2020 Exemption Value
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Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.

Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	5739740	3,056,518
Buildings	3,886,497	6,079,340
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	14,126,237	9,135,858

Part F. TYPE OF APPEAL

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- ☒ 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.
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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).

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Blake Nelson
Petitioner Signature
Blake Nelson
Print Name of Signatory

Agent
Title
1/15/20
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: <u>Blake Nelson</u>		TITLE: <u>Agent</u>	
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <u>Altus Group</u>		EMAIL ADDRESS: <u>blake.nelson@altusgroup.com</u>	
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <u>P.O. BOX 92129</u>			
CITY <u>South Lake</u>	STATE <u>TX</u>	ZIP CODE <u>76092</u>	DAYTIME PHONE <u>817-264-9221</u>
		ALTERNATE PHONE <u>817-251-6666</u>	FAX NUMBER <u>817-251-4833</u>

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.

Blake Nelson
Authorized Agent Signature
Blake Nelson
Print Name of Signatory

Agent
Title
1/15/20
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: LOWE'S HOME CENTERS, LLC (Successor in interest to LOWE'S HIW, INC)					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Marisa Gast				TITLE Accountant	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 1000 Lowe's Blvd				EMAIL ADDRESS: Marisa.gast@lowes.com	
CITY Mooresville	STATE NC	ZIP CODE 28117	DAYTIME PHONE 764-693-2760	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)	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER
--------------------------------	----------------	--------------------------------

☒ Multiple parcel list attached. (Use letter-size paper)

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

- ☒ 2020-2021 Secured Roll ☐ 2019-2020 Reopen Roll ☐ 2019-2020 Unsecured Roll ☐ 2019-2020 Supplemental Roll

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: <u>Blake Nelson</u>		TITLE: <u>Agent</u>			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <u>Altus Group US</u>		EMAIL ADDRESS: <u>blake.nelson@altusgroup.com</u>			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <u>P.O. Box 92129</u>					
CITY <u>Southlake</u>	STATE <u>TX</u>	ZIP CODE <u>76092</u>	DAYTIME PHONE <u>817-264-9221</u>	ALTERNATE PHONE <u>817-789-8249</u>	FAX NUMBER <u>817-251-4833</u>

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

Authorized Agent Signature: [Signature] Title: Agent Date: 1/13/20

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 / Petitioner Signature: Marianne C. Gast Title: Accountant Date: 1-15-2020

Street Smart. World Wise.



Washoe County Board of Equalization
1001 East 9th St,
Reno, NV, 89512

Re: BOE appeal of 037-031-06

To Whom It May Concern,

The following is intended to appeal the proposed ²⁰²⁰~~2019~~ property tax assessment for the above referenced account. The subject property is owned by Lowe's HIW, Inc., and our authorization to act on their behalf is being provided.

We hope to contact the assessor's office for a review and possible resolution to this appeal prior to an actual hearing of the BOE. At that time, or at the BOE, we will provide additional information to support our position that the current value is in need of an adjustment. Our proposed Owner's Opinion of Value as stated on the appeal form is based on our preliminary review. If needed, this value might be adjusted prior to a hearing once additional research is completed.

We have tried to provide everything required establishing a valid appeal, but we respectfully request the opportunity to address anything further that may be required.

Thank you in advance for your cooperation to correct this.

Blake Nelon

Director, State & Local Tax and Advisory, Altus Group US Inc.

Street Smart. World Wise.



Washoe County Board of Equalization
1001 East 9th St,
Reno, NV, 89512

Re: Agent Authorization Parcel List

Please accept the following list of parcels as being covered under our provided Agent Authorization Form for Lowe's Home Centers, LLC (Successor in interest to Lowe's HIW Inc)

040-951-08

037-031-06