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WASHOE COUNTY ASSESSOR

APPEAL CASE # 23-0021

Washoe County Board of Equalization

APN 020-051-01

NBC ADAQ
APPR WJ

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than January 15th. 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)

Form with fields: NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Gator Kietzke, LLC; NAME OF PETITIONER; MAILING ADDRESS OF PETITIONER; CITY, STATE, ZIP CODE, DAYTIME PHONE, ALTERNATE PHONE, FAX NUMBER.

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.

- Checkboxes for Sole Proprietorship, Trust, Corporation, Limited Liability Company (LLC), General or Limited Partnership, Government or Governmental Agency, Other.

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.

- Checkboxes for 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.

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

Form with fields: ADDRESS, STREET/ROAD, CITY (IF APPLICABLE), COUNTY, Purchase Price, Purchase date.

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

Form with fields: ASSESSOR'S PARCEL NUMBER (APN), ACCOUNT NUMBER.

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

Form with fields: If yes, enter number of parcels: Multiple parcel list is attached.

4. Check Property Use Type:

Form with checkboxes for Vacant Land, Residential Property, Multi-Family Residential Property, Possessory Interest in Real or Personal property, Mobile Home (Not on foundation), Commercial Property, Agricultural Property, Mining Property, Industrial Property, Personal Property.

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

Form with checkboxes for 2023-2024 Secured Roll, 2022-2023 Reopen, 2022-2023 Unsecured/Supplemental, 2022-2023 Exemption Value.

Part E. VALUE OF PROPERTY

Table with columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Buildings, Personal Property, Possessory Interest in real property, Exempt Value, Total.

Handwritten signature/initials.

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

See attached Letter of Authorization

Petitioner Signature _____ Title _____

Print Name of Signatory _____ 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.

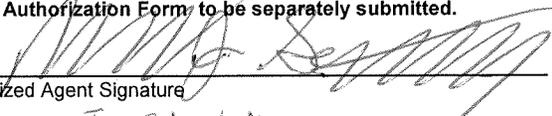
List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Bruce J. Stavitsky		TITLE:			
AUTHORIZED AGENT COMPANY, IF APPLICABLE:		EMAIL ADDRESS: stavitsky@proptaxappeal.net			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 350 Passaic Avenue					
CITY Fairfield	STATE NJ	ZIP CODE 07004	DAYTIME PHONE 973 227-1912	ALTERNATE PHONE ()	FAX NUMBER ()

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.

Authorized Agent Signature  Title _____
 Print Name of Signatory Bruce J. Stavitsky Date 1-5-2023

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: Gator Kietzke, LLC					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER):				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 7850 NW 146th Street, Suite 400				EMAIL ADDRESS:	
CITY Miami Lakes	STATE FL	ZIP CODE 33016	DAYTIME PHONE ()	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) 020-051-01 & 020-051-05	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:

- 2023-2024 Secured Roll 2022-2023 Reopen Roll 2022-2023 Unsecured Roll 2022-2023 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: Bruce J. Stavitsky			TITLE: Agent			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Stavitsky & Associates LLC			EMAIL ADDRESS: stavitsky@proptaxappeal.net			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 350 Passaic Ave., Suite 102						
CITY Fairfield	STATE NJ	ZIP CODE 07004	DAYTIME PHONE 973 227-1912	ALTERNATE PHONE ()	FAX NUMBER 978 227-1925	

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


Title _____
Date 1-5-23

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.


Title PRESIDENT
Date 01/03/2023

For clerk use only

Stavitsky & Associates

ATTORNEYS AT LAW

LLC

Bruce J. Stavitsky
Admitted: NJ, NY & MA

James T. Ryan III
Admitted: NJ & NY

Andrew W. Hood
Admitted: NJ & PA

Jaclene R. Troisi
Admitted: NJ, NY & MA

350 Passaic Avenue
Fairfield, NJ 07004
Phone: (973) 227-1912
Fax: (973) 227-1925
www.proptaxappeal.net

January 5, 2023

VIA FEDERAL EXPRESS

Washoe County Board of Equalization
c/o Washoe County Assessor's Office
1001 E. 9th Street, Building D
Reno, NV 89512-2845

Re: Gator Kietzke LLC
Property Addresses: 3400 Kietzke Lane and 3370 Kietzke Lane, Reno
Parcel ID Nos.: 020-051-01 and 020-051-05
Our File No.: 104108

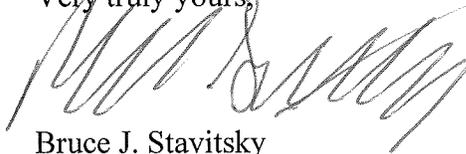
Dear Sir/Madam:

Enclosed for filing please find an original and one (1) copy of Taxpayer's Petition for Review of Taxable Value with regard to each of the listed properties.

Kindly return one (1) stamped, filed copy to our office in the postage-paid envelope herein. Should you have any questions or require anything additional, please do not hesitate to contact our office.

Thank you for your attention to this matter.

Very truly yours,



Bruce J. Stavitsky

BJS/gje
Enclosures