



BRIANA JOHNSON

Clark County Assessor
APPRAISAL DIVISION

500 S. Grand Central Pkwy, PO Box 561401, Las Vegas NV 89155-1401
702-455-4997
www.ClarkCountyNV.gov/assessor

REQUEST FOR INSTALLMENT PAYMENTS

ASSESSOR ID #: _____

DATE OF REQUEST: _____

NAME ON ACCOUNT: _____

PHONE NUMBER: _____

I, the undersigned, as owner or authorized representative of the property identified by the above Assessor ID, hereby request to have my account billed in installments, effective the next fiscal year for which I am eligible pursuant to NRS 361.483, and all fiscal years thereafter.

This request needs to be filed only once, and may be rescinded at any time by completing the section below. The Assessor by reviewing the following criteria will determine eligibility for installments each fiscal year taxes are due:

1. A declaration of personal property pursuant to NRS 361.265 is returned NO LATER THAN JULY 31*;
2. The amount of taxes exceeds \$5,000.00;
3. Penalties have not accrued for the 2 preceding fiscal years taxes were paid.

I understand installments will be approved in the fiscal year taxes are due if all of the above conditions are met. Otherwise, taxes will be billed with one installment due in 30 days.

Print or Type Name

Signature

Date

| | |
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| <u>Installment Due Dates**</u> 3 rd Monday of August 1 st Monday of October 1 st Monday of January 1 st Monday of March | Return completed and signed form to: BRIANA JOHNSON, CLARK COUNTY ASSESSOR ATTN: INSTALLMENT REQUEST BOX 551402 500 S GRAND CENTRAL PKWY LAS VEGAS NV 89155-4502 |
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* Filing extensions for declarations may not be granted with installment payments.

** If the bill date is August 1 or later, the first 2 installments are due 1st Monday of October.

I, the undersigned, hereby rescind my REQUEST FOR INSTALLMENT PAYMENTS.

Print or Type Name

Signature

Date