

Report Request

In order to provide you with the information you have requested we need to know some specifics. Please fill out completely. Your request may be denied if any portion of this form is not filled out completely. After completion, return to this office. We will spool the report, determine the cost and inform you of that cost. We will provide the report after we receive your payment. *You may print out and fax or email to assessor@hcnv.us*

YOUR TITLE _____

COMPANY _____

TELEPHONE NUMBER _____

FAX NUMBER (If we are faxing cost to you) _____

MAILING ADDRESS _____

TYPE OF REPORT _____

Such as Sales Data, etc.

SEARCH PARAMETERS _____

Dates, Districts, etc.

The more information we have about your request the better able we are to provide you with what you really need.

REASON FOR REPORT _____

Costs	
The report you requested was _____ pages. It will cost you	\$ _____
If agree to the cost and wish us to run this report for you please initial here	_____
Cost of Mailing the Report	\$ 0
Total Cost for report and mailing.	\$ _____
Please make check payable to: Humboldt County Assessor	_____
If mailing your check, mail to: 50 West Fifth Street	
Winnemucca, NV 89445	
Authorized	_____ Today's Date
Must be authorized by Assessor or designee	

NOTE: All requests processed on a first come first serve basis and the regular functions of this office take priority.