HUMBOLDT COUNTY, NEVADA
Television Assessment Refund Certification/Voucher

THIS SECTION TO BE COMPLETED BY THE PERSON(S) REQUESTING REFUND

Pay To: _____

Address: _____

Phone Number: _____

Assessor's Parcel Number: _____

Physical Address: _____

q HUMBOLDT TELEVISION DISTRICT 501-000-33029

q QUINN RIVER TELEVISION DISTRICT 709-000-33029

q DENIO TELEVISION DISTRICT 710-000-33029

I/We certify that the television assessment paid on the tax roll for the above parcel is incorrect because:

- q This parcel cannot be served with television signals from the television district.
- q The correct number of television receivers for this property should be _____
- q Other: _____

Under pains and penalties of perjury, a felony, I/We swear that the above is true and correct.

_____ Signature of Refund Claimant

_____ Date

THIS SECTION TO BE COMPLETED BY TELEVISION BOARD OR DIRECTOR

RECOMMENDED FOR: q APPROVAL q DENIAL

- q This parcel can receive television signals from the television district.
- q This parcel can not receive television signals from the television district.
- q The correct number of television receivers for this property should be _____
- q Other: _____

BY: _____ Humboldt TV Director or Chairman, Quinn River or Denio TV District

_____ Date

THIS SECTION TO BE COMPLETED BY BOARD OF COUNTY COMMISSIONERS

REQUEST WAS: q APPROVED q DENIED

_____ Chairman

_____ Date

VOUCHER

THIS SECTION TO BE COMPLETED BY COUNTY ADMINISTRATOR'S OFFICE

INVOICE DESCRIPTION	DEPT. #	EXPENSE ACCT. #	AMOUNT
REFUND OF TELEVISION ASSESSMENT FOR REASON STATED ABOVE	SEE ABOVE	SEE ABOVE	
PARCEL #			
PARCEL #			
PARCEL #			
		TOTAL	

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper officials of the County, the Courts and/or Special Districts, or the services stated have been performed; and that they were necessary for, have been or will be applied to County, Court or Special District purposes.

_____ AUTHORIZED SIGNATURE

_____ DATE

FOR COMPTROLLER USE ONLY