STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR OWNERS IN
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
(702) 486-4480 * Toll free: (877) 829-9907
E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

ALTERNATIVE DISPUTE RESOLUTION (ADR)
ADDITIONAL RESPONDENT FORM
This form should only be used in conjunction with Form #520 - ADR Claim Form

Date: _____ _____
Signature of Claimant (**if Homeowner, must be owner of record**)

_____ (http://nvsos.gov/sos)
If filed on behalf of the Association, provide the Association's Entity Number as it appears on the Secretary of State's website.

Respondent: _____ #_____
If individual provide full name. If Association, provide COMPLETE Association name and Entity Number as it appears on the Secretary of State's website.

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ **Fax:** _____**E-Mail:**_____

Respondent: _____ #_____
If individual provide full name. If Association, provide COMPLETE Association name and Entity Number as it appears on the Secretary of State's website.

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Street City State Zip Code

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Street City State Zip Code

Contact Phone: _____ **Fax:** _____**E-Mail:**_____

For office use only:

Receipt number: _____ Claim number: _____ Date received: _____