

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

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<http://red.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION (ADR)
ADDITIONAL CLAIMANT 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)

[\(http://nvsos.gov/sos\)](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.

Claimant: _____ # _____

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:** _____

Claimant: _____ # _____

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:** _____

Claimant: _____ # _____

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Claimant: _____ # _____

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Contact Address: _____
Street City State Zip Code

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

For office use only:

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