For Division use only:	Date request received:	Received by:
	Date request completed:	Completed by:

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 * (702) 486-4033 e-mail: realest@red.nv.gov * http://red.nv.gov/

REQUEST FOR RECORD OF COMPLAINTS

Requestor Information:	
Name:	
Address:	
Phone No.	E-Mail:
Fax No.	Other:
Reason for request:	
Requestor License No. (If applied	cable):
Subject of Request:	
Name:	License No.
(Real estate licensee, property m	nanager, appraiser, business broker, home inspector, asset manager)
Name of Company:	
Please submit one form per licer	isee.
_	ot go beyond the scope of NRS 645.620 or NRS 645C.220(1). If you require you may be required to obtain a court order pursuant to NRS 645.180(2) and
• •	e (5) working days to complete this request. If you have not received a response the Administration Section at 702-486-4036.
I have read and understand the fe	oregoing information regarding my request.
	Date:
Signature of Reque	

Rev. 05/15/2017 638