

**For Division Use Only**

Date Request Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Request Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

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

3300 West Sahara Avenue, Suite 325, Las Vegas, NV 89102  
(702) 486-4480 \* Toll free: (877) 829-9907 \* Fax: (702) 486-4520  
CICombudsman@red.nv.gov \* <http://www.red.nv.gov>

**REQUEST FOR BOOKS, RECORDS and OTHER DOCUMENTS**

PLEASE READ ALL OF THE FOLLOWING INFORMATION CAREFULLY!

The records request form is a service of the Real Estate Division to help people resolve disputes regarding requests for records as pursuant of NRS 116.31175.

1. Except as otherwise provided in subsection 4, the executive board of an association shall, upon the written request of a unit's owner, make available the books, records and other papers of the association for review at the business office of the association or a designated business location not to exceed 60 miles from the physical location of the common-interest community and during the regular working hours of the association, including, without limitation:
  - (a) The financial statement of the association;
  - (b) The budgets of the association required to be prepared pursuant to NRS 116.31152; and
  - (c) The study of the reserves of the association required to be conducted pursuant to NRS 116.31152; and
  - (d) All contracts to which the association is a party and all records filed with a court relating to a civil or criminal action to which the association is party.
  
2. The executive board shall provide a copy of any of the records described in paragraphs (a), (b) and (c) of subsection 1 to a unit's owner or the Ombudsman within 21 days after receiving a written request therefor. Such records must be provided in electronic format at no charge to the unit's owner or, if the association is unable to provide the records in electronic format, the executive board may charge a fee to cover the actual costs of preparing a copy, but the fee may not exceed 25 cents per page for the first 10 pages, and 10 cents per page thereafter.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Fax No. \_\_\_\_\_ Other: \_\_\_\_\_

Association's Name: \_\_\_\_\_

**Processing of records request form:**

The Division may take up to ten (10) working days to process this request. If you have not received a response within ten days, please contact the Ombudsman's Office at 702-486-4480 or statewide toll-free at 877-829-9907.

**Have the following steps been completed?**  
**All questions must be answered in order to process your request.**

Have you formally requested the records in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pursuant to NRS 116.31175(2), has the 21 day period expired from the date of the original writing request for documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request for records due to:	<input type="checkbox"/> Denial of request <input type="checkbox"/> No response

**\*\* Attached to this form, must be a copy of the written request that was submitted. \*\***  
**(i.e. emails (entire conversation must be submitted); letters)**

**Records requested:**

*List numerically and legibly. Attach additional pages if necessary:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Request for records were sent to whom?**

**Community Manager**

**Board Members**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Board Member Name**

\_\_\_\_\_  
**Community Manager's Name**

\_\_\_\_\_  
**Board Member Title**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Email**

**Please sign and send all original documentation:**  
**Office of the Ombudsman**  
**Victoria Broadbent**  
**3300 West Sahara Avenue, Suite 325**  
**Las Vegas, NV 89102**

I have read and understand the foregoing information regarding my request.

\_\_\_\_\_  
 Print the name of the person who is requesting the documents

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date