

**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](mailto:CICOmbudsman@red.nv.gov)

<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>

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.

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*For office use only:*

Receipt number: \_\_\_\_\_ Claim number: \_\_\_\_\_ Date received: \_\_\_\_\_