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

1179 Fairview Drive, Suite E * Carson City, NV 89701-5453 * (775) 687-4280
2501 East Sahara Avenue, Suite 202 * Las Vegas, NV 89104-4137
(702) 486-4480 * Toll free: (877) 829-9907
E-mail: CICOmbudsman@red.state.nv.us http://www.red.state.nv.us

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**)

(*https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx*)
_____
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.
- **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.
- **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.
- **Contact Address:** _____
  Street City State Zip Code
- **Contact Phone: _____ Fax: _____E-Mail:_____**

For office use only:

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