

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

2501 East Sahara Avenue, Suite 214 * Las Vegas, NV 89104-4137 * (702) 486-4480
E-mail: CICOmbudsman@red.nv.gov <http://www.red.nv.gov>

INTERVENTION AFFIDAVIT

You must read form #530a prior to completing this form

STATE OF NEVADA

COUNTY OF _____

Date: _____

I, _____ (Claimant), after being first duly sworn, state under penalty of perjury and based upon personal knowledge:

1. I have been aggrieved by an alleged violation of Chapter 116 of the Nevada Revised Statutes, Nevada Administrative Code or the governing documents of the association. The person or entity who committed the alleged violation is: _____ (Respondent).

2. The Homeowners Association involved in this intervention affidavit is: _____

Secretary of State entity # for the association is: _____
(To locate File #: <http://nvsos.gov/sosentitysearch/CorpSearch.aspx>)

Address for the Homeowners Association: _____

Phone number for the Homeowners Association (President or other contact): _____

Name of President or contact for the Homeowners Association: _____

3. I have provided the Respondent, _____ via certified mail, return receipt requested, with written notice of the exact issues listed in the intervention affidavit.

4. _____ (initials required) *Attached to the Affidavit as Exhibit "1" is a copy of the certified letter sent to respondent AND stapled to that letter is the certified return receipt from the post office.*

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

2501 East Sahara Avenue, Suite 214 * Las Vegas, NV 89104-4137 * (702) 486-4480

E-mail: CICombudsman@red.nv.gov

<http://www.red.nv.gov>

COMPLAINT:

BRIEF STATEMENT OF FACTS:

RESOLUTION:

SUPPORTING LAW AND/OR GOVERNING DOCUMENT:

I have read the foregoing Affidavit consisting of _____ pages (including all additional attached pages), and it is true and correct to the best of my knowledge and belief.

(Signature of complainant) _____
Name _____
Street Address _____
City, State, Zip _____
Area Code _____ Phone _____

Subscribed and sworn to before me
This ___ day of _____, 20____.

NOTARY PUBLIC