Crystal Shores West Association
P O Box 4907 – Incline Village, NV 89450-4907

Rental Agent Registration Form

Date: _____

Firm Name: _____

Broker's Name: _____

Nevada Division of Real Estate License Number: _____

Firm Mailing Address: _____

_____

Phone Number: _____

Fax Number: _____

24 hour 7 day Emergency Number: _____

Email Address: _____

Crystal Shores West
Unit Number you will be representing: _____
(Please use one form per unit)

Please submit a $50.00 nonrefundable annual filing fee with each form you file. Annual Fee will include from January through December of the year filed. Mail completed form to Crystal Shores West Association, P.O. Box 4907, Incline Village, NV 89450.