



STATE OF NEVADA
OFFICE OF THE STATE TREASURER
UNCLAIMED PROPERTY

For Official Use Only:

- ☐ Approve
☐ VDA
☐ Deny

P&I Waiver Request Form

Name of Holder: _____

Holder Number: _____ Holder FEIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Number: _____

Email Address: _____

Reason for Waiver Request:

☐ **Good Faith and Without Negligence**

- No gaps in reporting
- Reported on time for reporting year in question
- Not received a waiver in the past
- Eligible for, and willing to, sign a Voluntary Disclosure Agreement
- Please attach a separate document with an explanation of your circumstances.

☐ **Extenuating Circumstances**

- Please attach a separate document with an explanation of your circumstances.

The holder will be notified of approval or denial of this request, including any further instructions, within thirty (30) days of receipt of this signed document by the Unclaimed Property Division.

I, _____, a duly authorized representative of the holder listed above, do hereby certify that I am authorized to execute this waiver request in my named capacity as officer and by doing so does hereby subject the holder listed above to the terms of this document.

Name of Holder Representative: _____ Title: _____

Signature of Holder Representative: _____ Date: _____

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