

REVISED



Request for a Waiver and/or Reduction of Civil Penalties Application



SUBMIT APPLICATION TO:
City of Las Vegas / Neighborhood Services Department
Attn: Stephen Harslin, Director
400 Stewart Avenue - 2nd Floor
Las Vegas, NV 89101-2986
Voice: 702-229-2317 -- Fax: 702-229-1033

Please type and/or print
Submit only one signed original

Date of Application: 2/3/10.

Location and/or address of subject property:

Nearest major intersection: _____

Street Address: 4701 Alpine Place Las Vegas

Parcel Number: 139-31-410-153

Applicant's Address/Contact Information:

Name: American Home Mortgage - Deutsche Bank
(please check the following the applies)

Owner Purchaser Agent Other (explain) REO/Foreclosure

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ E-mail: Larry.Akins@power-reo.com Fax No: _____

877-304-3100 x.71155

Property Owner's Address/Contact Information: (if different from applicant):

Name: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ E-mail: _____ Fax No: _____

Amount of City of Las Vegas Lien on the Property: \$ 31,177.⁰⁷

Amount requested to be considered for waiving and/or reduced? \$ _____

Signature of Applicant: Larry Akins *[Signature]* Date: 2-2-09
REO Asset Manager

Signature of Owner: _____ Date: _____

For Office Use Only:
Council Ward: _____; Case/File Number: _____; Council Action date of Lien: _____

Describe why the applicant is requesting a waiver/reduction:

(You may attach additional sheets if needed.)

SELLER FEELS THE COST FOR THE CIVIL PENALTIES ARE EXTREME. PROPERTY IS A FORCLOSURE PROPERTY AND HAD BEEN VACANT FOR QUITE SOME TIME.

Describe the existing condition/situation of the subject property:

(You may attach additional sheets if needed.)

PROPERTY IS VACANT AND IS A FORCLOSURE PROPERTY.

Describe the immediate plans for the property, including any planned

Improvements: *(You may attach additional sheets if needed.)*

PROPERTY IS IN ESCROW AT THIS TIME AND BUYERS PLAN ON LIVING IN THE PROPERTY.



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Please type and/or print
Submit only one signed original

Date of Application: 8-25-09

Location and/or address of subject property:

Nearest major intersection: _____

Street Address: 4701 ALPINE PLACE

Parcel Number: _____

Applicant's Address/Contact Information:

Name: 4600 REGENT Blvd AHMSI, INC.

(please check the following the applies)

Owner Purchaser Agent Other (explain) _____

Street Address/PO Box: 4600 REGENT BLVD.

City: IRVING State: TX Zip Code: 75063

Phone No: 877.304.3100 E-mail: LARRY.AKINS@AHMSI3.COM Fax No: NA
X71155

Property Owner's Address/Contact Information: (if different from applicant):

Name: _____

Street Address/PO Box: NA

City: _____ State: _____ Zip Code: _____

Phone No: _____ E-mail: _____ Fax No: _____

Amount of City of Las Vegas Lien on the Property: \$ 130,000+

Amount requested to be considered for waiving and/or reduced? \$ Ahh

Signature of Applicant: Larry Akins Date: 8-25-09
REG Asset Manager

Signature of Owner: _____ Date: _____

For Office Use Only:
Council Ward: _____; Case/File Number: _____; Council Action date of Lien: _____

Describe why the applicant is requesting a waiver/reduction:
(You may attach additional sheets if needed.)

Reo Sale
\$ is excessive

Describe the existing condition/situation of the subject property:
(You may attach additional sheets if needed.)

Reo Sale

Describe the immediate plans for the property, including any planned improvements: (You may attach additional sheets if needed.)

REO sale



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Parcel Number: 139-31-410-153

Applicant's Address/Contact Information:

Name: American Home Mortgage - Deutsche Bank
(please check the following that applies)

Owner Purchaser Agent Other (explain) REO/Foreclosure

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ E-mail: Larry.Akins@ahmsi3.com Fax No: _____

877-304-3100 x.71155

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Name: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ E-mail: _____ Fax No: _____

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Signature of Applicant: Larry Akins *LA* Date: 8-21-09
REO Asset Manager

Signature of Owner: _____ Date: _____

For Office Use Only:

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